S T A N D A R D B I D D I N G D O C U M E N T S

Procurement of Goods
One-Envelope
Bidding Procedure

These Bidding Documents for Procurement of Goods have been prepared by UNOPS to be used for the procurement of Goods through One Envelope International Competitive Bidding. They are consistent with the latest revision of UNOPS Procurement Manual and with UNOPS Financial Regulations and Rules.

These Bidding Documents for Procurement of Goods, assumes that no prequalification has taken place before bidding.

For more information on doing business with UNOPS or for those wishing to submit comments or questions on this Bidding Document please go to:

http://www.unops.org/english/whatweneed/Pages/BecomeaUNOPSsupplier.aspx

Signed bids should be received at below addresses by Wednesday 23rd September 2013 at 10.00hrs Kenya time

1. Submission option 1: Harcopy bid submission handelivered by courier to UNOPS Building , UN Lane Avenue, Off UN Avenue, Gigiri Nairobi, Kenya. P.O Box 783-00621

2. Submission option 2: Electronic bid submission: **Signed bids shall be submitted to the following secure e-mail address ProcurementAfrica@unops.org**.

Size of individual e-mails, including e-mail text and attachments, must not exceed 5 MB. *Please ensure to split your bid into separate lots / emails below the size of* ***5MB.***
An auto reply message acknowledging receipt of email will be sent to Bidders submitting their bid by email.
OFFERS SENT OR COPIED TO ANY OTHER E-MAIL ADDRESS WILL BE DISQUALIFIED.

Bidders shall ensure that their bid is constituted in accordance with clause 11 of the ITB Instructions to Bidders and submitted duly signed along with any required supporting documents . Bidders failure to comply with this requirement will result in rejection on the bid in accordance with clause 30.2(d) of the ITB Instructions To Bidders.

Any bid not accompanied by a substantially responsive Bid Security in accordance with Instructions to Bidders Sub-Clause 21.2, shall be rejected by UNOPS as non-responsive.

Invitation to Bid (ITB)

For the procurement of Medical Equipment for Demartino Hospital, Mogadishu

Support to Development Programmes in Somalia with funding from the Government of Italy

ITB-KEOC-2013-013 (Medical Equipment for Demartino Hospital, Mogadishu)
13th August 2013

1. UNOPS has been engaged by *Government of Italian Republic* to procure Medical Equipment for De Martino Hospital – Mogadishu - SOMALIA on their behalf.

2. UNOPS now invites bids from eligible and qualified Bidders for the supply of the goods and services as described above.

3. Bidding will be conducted through the One Envelope International Competitive Bidding procedures specified in the UNOPS Procurement Manual and is open to all eligible Bidders as defined in this ITB.

4. Interested eligible Bidders may obtain further information from *keocprocurement@unops.org*

5. Qualifications requirements are specified in the ITB. See clause 38 of Section I (Instructions to Bidders)

6. Bids must be delivered as specified in the Instructions to Bidders of this ITB (please read this part carefully). Late bids will be rejected. Bidders' representatives are invited to attend the bid opening. If you plan to attend, you must advise UNOPS at least 24 hours in advance of the opening by sending an email to *keocprocurement@unops.org* . Please indicate the bid reference number in the email subject. A bid opening report indicating the total price of each offer is available to all Bidders upon request. As soon as a contract award has been approved by all parties, the results will be posted on http://www.unops.org/english/whatweneed/Pages/Contractawards.aspx.

7. Please acknowledge receipt of this ITB by returning Form 1 (see Section II, Bidding Forms) as far in advance of the bid opening date as possible, to email address: *keocprocurement@unops.org*, indicating whether or not you intend to submit a bid. If you are declining to bid, please state the reasons on the form in order for UNOPS to improve its effectiveness in future invitations.

8. UNOPS strongly encourages all Bidders to subscribe to the Tender Alert Service available on the United Nations Global Market Place (www.ungm.org). This will allow Bidders to be notified automatically of all UNOPS business opportunities for the products and services for which they have registered. Instructions on how to subscribe to the Tender Alert Service can be found in the UNGM Interactive Guide for Suppliers.

Pre-cleared by:	**Approved by:**
Date: Linda Telles 13 Aug 13	Date:
Linda Telles **Procurement Advisor** **UNOPS AFO KEOC**	**Bruce Mckerrow** **Procurement Authority** **UNOPS AFO KEOC**

ITB for Procurement of Goods

Summary

Section I. Instructions to Bidders
This Section provides information to help Bidders prepare their bids. Information is also provided on the submission, opening, and evaluation of bids and on the award of Contracts. Section I contains provisions that are to be used without modification.

Section II. Bidding Forms
This Section includes the forms for the Bid Submission, Price Schedules, Bid Security, and the Manufacturer's Authorization to be submitted with the Bid.

Section III. Schedule of Requirements
This Section includes the List of Goods and Related Services, the Delivery and Completion Schedules, the Technical Specifications and the Drawings that describe the Goods and Related Services to be procured.

Section IV. UNOPS General Conditions for Goods (GCG)
This Section includes the general clauses to be applied in all contracts. The text of the clauses in this Section shall not be modified.

Section V. Special Conditions for Goods (SCG)
This Section includes clauses specific to each contract that modify or supplement Section VI, UNOPS General Conditions for Goods.

Section VI: Contract Forms
This Section includes the form for the Agreement, which, once completed, incorporates corrections or modifications to the accepted bid that are permitted under the Instructions to Bidders, the General Conditions for Goods, and the Special Conditions for Goods. The forms for Performance Security and Advance Payment Security, when required, shall only be completed by the successful Bidder after contract award.

Section I. Instructions to Bidders

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Section I. Instructions to Bidders

A. General

1. Scope of Bid

1.1 The type of Goods and Related Services to be purchased is: *Medical Equipment for De Martino Hospital – Mogadishu, SOMALIA.*

2. Source of Funds

2.1 UNOPS intends to apply a portion of the funds it has received from funding sources to eligible payments under the contract for the procurement of *Medical Equipment for De Martino Hospital – Mogadishu, SOMALIA.*

3. Fraud and Corruption

3.1 It is UNOPS policy to require that Bidders, suppliers, and contractors and their subcontractors under UNOPS contracts, observe the highest standard of ethics during the procurement and execution of such contracts. In pursuance of this policy, UNOPS:

(a) defines, for the purposes of this provision, the terms set forth below as follows:
  (i) bribery is the act of unduly offering, giving, receiving or soliciting anything of value to influence the process of procuring goods or services, or executing contracts;
  (ii) extortion or coercion is the act of attempting to influence the process of procuring goods or services, or executing contracts by means of threat of injury to person, property or reputation;
  (iii) fraud is the misrepresentation of information or facts for the purpose of influencing the process of procuring goods or services, or executing the contracts, to the detriment of UNOPS or other participants;
  (iv) collusion is the agreement between Bidders designed to result in bids at artificial prices that are not competitive.

(b) will reject a proposal to award a contract if it determines that a vendor recommended for award has engaged in corrupt practices in competing for the contract in question;

(c) will declare a vendor ineligible, either indefinitely or for a stated period of time, to become a UN registered vendor if it at any time determines that the vendor has engaged in corrupt practices in competing for or in executing a UNOPS contract;

(d) will cancel or terminate a contract if it determines that a vendor has engaged in corrupt practices in competing for or in executing a UNOPS contract;

(e) will normally requires a UNOPS vendor to allow UNOPS, or any person that UNOPS may designate, to inspect or carry out audits of the vendor's accounting records and financial statements in connection with the contract.

3.2 Any vendor participating in UNOPS' procurement activities, shall facilitate to UNOPS personnel upon first request, all documents, records and other elements needed by UNOPS to investigate the allegations of misconduct by either vendors or any other party to the procurement activities. The absence of such cooperation may be sufficient grounds for the debarment of the vendor from UNOPS vendor roster and may lead to suspension following review by UNOPS Vendor Review Committee.

3.3 Suppliers, their subsidiaries, agents, intermediaries and principals must cooperate with the Office of Internal Oversight Services (OIOS) of the United Nations, UNOPS Internal Audit and Investigations Group (IAIG) as well as with other investigations authorized by the Executive Director and with the UNOPS Ethics Officer (during preliminary reviews in line with UNOPS whistle blower policy) as and when required. Such cooperation shall include, but not be limited to, the following: access to all employees, representatives, agents and assignees of the vendor; as well as production of all documents requested, including financial records. Failure to fully cooperate with investigations will be considered sufficient grounds to allow UNOPS to repudiate and terminate the contract, and to debar and remove the supplier from UNOPS's list of registered suppliers.

3.4 Information regarding Bid Protest can be found at:
http://www.unops.org/english/whatwedo/services/procurement/Pages/Procurementpolicies.aspx

4. Eligible Bidders

4.1 A Bidder, and all parties constituting the Bidder, may have the nationality of any country.

4.2 A Bidder shall not have a conflict of interest. All Bidders found to have conflict of interest shall be disqualified. Bidders may be considered to have a conflict of interest with one or more parties in this bidding process, if they:

i) are or have been associated in the past, with a firm or any of its affiliates which have been engaged by UNOPS to provide consulting services for the preparation of the design, specifications, and other documents to be used for the procurement of the Goods to be purchased under these Bidding Documents ; or

ii) submit more than one bid in this bidding process, except for alternative offers permitted under Instructions to Bidders Clause 13. However, this does not limit the participation of subcontractors in more than one bid.

4.3 A Bidder that is under a declaration of ineligibility by UNOPS in accordance with Instructions to Bidders Clause 3, at the date of contract award, shall be disqualified. Bidders shall not be eligible to submit a bid when at the time of bid submission:

1. Suppliers are already suspended by UNOPS; or,
2. Supplier's names are mentioned in the UN 1267 Terrorist list issued by the Security Council resolution 1267 which establishes a sanctions regime to cover individuals and entities associated with Al-Qaida and/or the Taliban; or,
3. Suppliers are suspended by the UN Procurement Division (UNPD); or,
4. Suppliers have been declared ineligible by the World Bank (see http://www.worldbank.org/debarr).

4.4 Bids may be submitted by a Joint Venture (JV). In the case of a JV:

a. The duly filled Form 4: Joint Venture Partner Information Form of Section II, Bidding Forms must be included with the Bid; and
b. All parties to the JV shall be jointly and severally liable; and
c. The JV shall nominate a Representative who shall have the authority to conduct all businesses:
   - for and on behalf of any and all the parties of the JV during the bidding process; and
   - in the event the JV is awarded the Contract, during contract execution.

5. Eligible Goods and Related Services

5.1 All the Goods and Related Services to be supplied under the Contract may have their origin in any country.

5.2 For purposes of this Clause, the term "origin" means the country where the goods have been mined, grown, cultivated, produced, manufactured or processed; or, through manufacture, processing, or assembly, another commercially recognized article results that differs substantially in its basic characteristics from its components.

B. Contents of Bidding Documents

6. Sections of Bidding Documents

6.1 The Bidding Documents consist of:

- Section I. Instructions to Bidders
- Section II. Bidding Forms
- Section III. Schedule of Requirements
- Section IV. General Conditions for Goods (GCG)
- Section V. Special Conditions for Goods (SCG)
- Section VI. Contract Forms

6.2 The Bidder is expected to examine all instructions, forms, terms, and specifications in the Bidding Documents. Failure to furnish all information or documentation required by the Bidding. Documents may result in the rejection of the bid.

6.3 Bidders are cautioned to read the specifications carefully (see Schedule III - Schedule of Requirements), as there may be special requirements. The technical specifications presented herein are not to be construed as defining a particular manufacturer's product. Bidders are encouraged to advise UNOPS, if they disagree.

6.4 The specifications are the minimum requirements for the products. Products offered must meet or exceed all requirements herein. The products shall conform in strength, quality and workmanship to the accepted standards of the relevant industry. Modifications of or additions to basic standard products of less size or capability to meet these requirements will not be acceptable.

7. Clarification of Bidding Documents

7.1 A prospective Bidder requiring any clarification of the Bidding Documents shall contact UNOPS in writing at *keocprocurement@unops.org* UNOPS will respond in writing to any request for clarification, provided that such request is received no later than *11* days prior to the deadline for submission of bids. UNOPS shall forward copies of its response to all those who have acquired the Bidding Documents directly from it, including a description of the inquiry but without identifying its source.

8. Amendment of Bidding Documents

8.1 At any time prior to the deadline for submission of bids, UNOPS may amend the Bidding Documents by issuing amendment.

8.2 Any amendment issued shall be part of the Bidding Documents and shall be communicated in writing to all who have obtained the Bidding Documents directly from UNOPS.

8.3 To give prospective Bidders reasonable time in which to take an amendment into account in preparing their bids, UNOPS may, at its discretion, extend the deadline for the submission of bids.

C. Preparation of Bids

9. Cost of Bidding

9.1 The Bidder shall bear all costs associated with the preparation and submission of its bid.

10. Language of Bid

10.1 The Bid, as well as all correspondence and documents relating to the bid exchanged by the Bidder and UNOPS, shall be written in English. Supporting documents and printed literature that are part of the Bid may be in another language provided they are accompanied by an accurate translation of the relevant passages into English **,** in which case, for purposes of interpretation of the Bid, such translation shall govern.

11. Documents Comprising the Bid

11.1 The Bid shall comprise the following:

(a) Bid Submission Form and the applicable Price Schedules, in accordance with Instructions to Bidders Clauses 12, 14, and 15;
(b) Bid Security in accordance with Instructions to Bidders Clause 21;
(c) documentary evidence in accordance with Instructions to Bidders Clause 16 establishing the Bidder's eligibility to bid;
(d) documentary evidence in accordance with Instructions to Bidders Clause 17, that the Goods and Related Services to be supplied by the Bidder are of eligible origin;
(e) documentary evidence in accordance with Instructions to Bidders Clauses 18 and 30, that the Goods and Related Services conform to the Bidding Documents;
(f) documentary evidence in accordance with Instructions to Bidders Clause 19 establishing the Bidder's qualifications to perform the contract if its bid is accepted.

12. Bid Submission Form and Price Schedules

12.1 The Bidder shall submit the Bid Submission Form and the Price Schedules using the forms furnished in Section II, Bidding Forms.

13. Alternative Bids

13.1 Alternative Bids will not be accepted. In the event of a supplier submitting more than one Bid, the following shall apply:
(a) All Bids marked alternative Bids will be rejected and only the base Bid will be evaluated.
(b) All Bids will be rejected if no indication is provided as to which Bids are alternative Bids.

14. Bid Prices and Discounts

14.1 The prices and discounts quoted by the Bidder in the Bid Submission Form and in the Price Schedules shall conform to the requirements specified below. Unit prices and total prices shall be quoted as specified in Price Schedule included in Section II, Bidding Forms. Bidders are allowed the option to submit the Bid for any one or more lots specified in the Schedule of Requirements, see Section III, and to offer discounts for combined lots. However, Bidders shall quote for the complete requirement of Goods and Related Services specified under each lot on a single responsibility basis. Incomplete offers for the quoted lots, will be rejected.

14.2 The terms FCA, CPT, DAP and other similar terms shall be governed by the rules prescribed in the Incoterms 2010, published by The International Chamber of Commerce.

14.3 Prices quoted by the Bidder shall be fixed during the Bidder's performance of the Contract and not subject to variation on any account. A Bid submitted with an adjustable price quotation shall be treated as non responsive and shall be rejected.

15. Currencies of Bid

The Bidder shall quote in any freely convertible currency.

16. Documents Establishing the Eligibility of the Bidder

16.1 To establish their eligibility in accordance with Instructions to Bidders Clause 4, Bidders shall:

a) complete the Bid Submission Form, included in Section II, Bidding Forms.
b) complete Form 4: Joint Venture Partner Information Form of Section II, Bidding Forms, and provide all documents as required in the Form, in the event that the Bid is submitted by a Joint Venture.

17. Documents Establishing the Eligibility of the Goods and Related Services

17.1 To establish the eligibility of the Goods and Related Services in accordance with Instructions to Bidders Clause 5, Bidders shall complete the country of origin declarations in the Price Schedule Forms, included in Section II, Bidding Forms.

18. Documents Establishing the Conformity of the Goods and Related Services

18.1 To establish the conformity of the Goods and Related Services to the Bidding Documents, the Bidder shall furnish as part of its Bid the documentary evidence that the Goods conform to the technical specifications and standards specified in Section III, Schedule of Requirements.

18.2 Standards for workmanship, process, material, and equipment, as well as references to brand names or catalogue numbers specified by UNOPS in the Schedule of Requirements, are intended to be descriptive only and not restrictive. The Bidder may offer other standards of quality, brand names, and/or catalogue numbers, provided that it demonstrates, to UNOPS's satisfaction, that the substitutions ensure substantial equivalence or are superior to those specified in the Schedule of Requirements.

19. Documents Establishing the Qualifications of the Bidder

19.1 The documentary evidence of the Bidder's qualifications to perform the contract if its bid is accepted shall establish to UNOPS's satisfaction:

(a) that a Bidder that does not manufacture or produce the Goods it offers to supply shall submit the Manufacturer's Authorization using the form included in Section II, Bidding Forms to demonstrate that it has been duly authorized by the manufacturer or producer of the Goods to supply these Goods in the Country of destination;
(b) that in case of a Bidder not doing business within the Country of destination, the Bidder is or will be (if awarded the contract) represented by an Agent in the country equipped and able to carry out the Supplier's maintenance, repair and spare parts-stocking obligations prescribed in the Conditions for Goods and/or Technical Specifications; and
(c) that the Bidder meets each of the qualification criterion specified in Instructions to Bidders, Sub-section 38.4.

20. Period of Validity of Bids

20.1 Bids shall remain valid for a period of *90* days after the bid submission deadline date prescribed by UNOPS. A bid valid for a shorter period shall be rejected by UNOPS as non responsive.

20.2 In exceptional circumstances, prior to the expiration of the bid validity period, UNOPS may request Bidders to extend the period of validity of their bids. The request and the responses shall be made in

writing. If a Bid Security is requested in accordance with Instructions to Bidders Clause 21, it shall also be extended for a corresponding period. A Bidder may refuse the request without forfeiting its Bid Security. A Bidder granting the request shall not be required or permitted to modify its bid.

21. Bid Security

21.1 A Bid Security as part of the Bidder's bid *shall* be required.

21.2 The Bid Security shall be in original, in favour of UNOPS *P.O. Box 783, Village Market 00621,UNOPS Building , UN Lane Avenue, Off UN Avenue, Nairobi, Kenya,* in the amount equivalent to *USD 16,000.00 (United States Dollars Sixteen Thousand Only),* and denominated in a freely convertible currency, and shall:

(a) at the Bidder's option, be in the form of either a bank guarantee from a banking institution, as per the form included in Section II, Bidding Forms, or a demand draft, cashier's cheque or irrevocable cheque certified by a banking institution. In the event of Bidders submitting the Bid Security in the form of a cheque or demand draft, such documents shall be accompanied by a signed statement from the issuing bank on its letterhead indicating the validity period and confirming irrevocability of the cheque or demand draft during the required validity period;

(b) be issued by a reputable institution selected by the Bidder. Reputable banking institutions have to be banks certified by the Central bank of the country to operate as commercial bank;

(c) be payable promptly upon written demand by UNOPS in case the conditions listed in Instructions to Bidders Clause 21.5 are invoked;

(d) remain valid for a period of *28* calendar days beyond the validity period of the bids, as extended, if applicable, in accordance with Instructions to Bidders Clause 20.2;

21.3 *A*ny bid not accompanied by a substantially responsive Bid Security **in accordance with Instructions to Bidders Sub-Clause 21.2,** shall be rejected by UNOPS as non-responsive.

21.4 The Bid Security of unsuccessful Bidders shall be returned as promptly as possible upon the successful Bidder's furnishing of the Performance Security pursuant to Instructions to Bidders Clause 44.

21.5 The Bid Security may be forfeited:

(a) if a Bidder withdraws its bid during the period of bid validity specified by the Bidder on the Bid Submission Form, except as provided in Instructions to Bidders Sub-Clause 20.2; or

(b) if the successful Bidder fails to:

(i) sign the Contract in accordance with Instructions to Bidders Clause 43;

(ii) furnish a Performance Security in accordance with Instructions to Bidders Clause 44;

(iii) accept the arithmetical correction in accordance with Instructions to Bidders Clause 33.

21.6 The Bid Security of a joint venture (JV) must be in the name of the JV that submits the bid. If the JV has not been legally constituted at the time of bidding, the Bid Security shall be in the names of all future partners as named in the letter of intent mentioned in Section II, Bidding Forms, JV Partner Information Form, Item 4.

21.7 If a Bid Security is not required, and

(a) if a Bidder withdraws its bid during the period of bid validity specified by the Bidder on the Letter of Bid Form, except as provided in Instructions to Bidders 20.2, or

(b) if the successful Bidder fails to: sign the Contract in accordance with Instructions to Bidders 43; or furnish a performance security in accordance with Instructions to Bidders 44,

UNOPS may declare the Bidder disqualified to be awarded a contract UNOPS for a period of time of one year.

22. Format and Signing of Bid

22.1 The Bidder shall prepare one original of the documents comprising the bid as described in Instructions to Bidders Clause 11 and clearly mark it "ORIGINAL." No copy of the bid is required.

22.2 The original of the bid shall be typed and shall be signed by a person duly authorized to sign on behalf of the Bidder.

22.3 Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialled by the person signing the Bid.

D. Submission and Opening of Bids

23. Submission, Sealing and Marking of Bids

23.1 Bidders may always submit their bids by mail courier or by hand. Bidders *shall* have the option of submitting their bids electronically.

(a) Bidders submitting bids by courier mail or by hand, shall enclose the original of the Bid in a sealed envelope, which shall:
- bear the name and address of the Bidder as well as the ITB reference number;
- be addressed to UNOPS in accordance with Instructions to Bidders Sub-Clause 24.1;
- bear a warning "Not to be opened by registry";
- if the envelope is not sealed and marked as required, UNOPS will assume no responsibility for the misplacement or premature opening of the bid.

(b) Apart from the Bid Security which shall be submitted in original (unless not required in accordance with Instructions to Bidders Clause 21.1), Bidders' bid may be submitted electronically. A bid sent by email may only be sent to the secure bid email address *procurementafrica@unops.org* and must indicate the ITB reference number in the subject. Bids sent or copied to any other email address will be declared invalid. Bids sent via the correct route after having been sent incorrectly will be declared invalid. Size of individual e-mails, including e-mail text and attachments, must not exceed 5 MB. An auto reply message acknowledging receipt of email will be sent to Bidders submitting their bid by email. In order to avoid last minute line congestion, please note the following:
- Send your Bid as early as possible before the deadline;
- Send only the duly completed Bidding Documents to the secure email address. Do not send other large documents by email such as commercial brochures as these documents should accompany the original hard copy of your Bid, which must be received within five (5) business days from the Bid Receipt deadline;
- If the size of the email is likely to exceed 5 MB, please send the required Bidding Documents via multiple emails and indicate the email number (email 1, email 2, etc.) in the subject field of each email;

24. Deadline for Submission of Bids

24.1 Bids must be received by UNOPS at UNOPS Building , *UN Lane Avenue, Off UN Avenue, Nairobi, Kenya, P.O. Box 783, Village Market 00621, or electronically at UNOPS secure email* **ProcurementAfrica@unops.org** no later than **23rd September 2013** ***10:00 a.m. Nairobi*** time (ref.: www.timeanddate.com/worldclock).

24.2 UNOPS may, at its discretion, extend the deadline for the submission of bids by amending the Bidding Documents in accordance with Instructions to Bidders Clause 8, in which case all rights and obligations of UNOPS and Bidders previously subject to the deadline shall thereafter be subject to the deadline as extended.

25. Late Bids

25.1 UNOPS shall not consider any bid that arrives after the deadline for submission of bids, in accordance with Instructions to Bidders Clause 24. Any bid received by UNOPS after the deadline for submission of bids shall be declared late, rejected, and returned unopened to the Bidder (or Bidders will be notified if the bid has been submitted electronically).

26. Withdrawal, Substitution, and Modification of Bids

26.1 Prior to the deadline prescribed for submission of bids, a Bidder may withdraw, substitute, or modify its Bid after it has been submitted by sending a written notice.

26.2 Bids requested to be withdrawn in accordance with Instructions to Bidders Sub-Clause 26.1 shall be shredded if there is no requirement for Bid Security or shall be returned unopened to the Bidders (at Bidders cost) if a Bid Security is required.

26.3 No bid may be withdrawn, substituted, or modified in the interval between the deadline for submission of bids and the expiration of the period of bid validity specified by the Bidder on the Bid Submission Form or any extension thereof.

27. Bid Opening

27.1 UNOPS shall conduct the bid opening at the following address, date and time**.**

Street Address: UNOPS Building , *UN Lane, Off UN Avenue*
City: *Nairobi*
Country: *Kenya*
Date: Wednesday *23rd September 2013*
Time: *3:00 pm Kenya Time* (ref.: www.timeanddate.com/worldclock).

Bids received electronically by the required deadline will be printed and a copy of the Bids will be put in a sealed envelope that will be opened at the time and date specified in Instructions to Bidders, Sub Clause 24.1. If multiple Bids are sent by a same Bidder, only the last received Bid will be opened.

27.2 Envelopes shall be opened one at a time, reading out: the name of the Bidder and the Bid Prices; and any other details as UNOPS may consider appropriate. No Bid shall be rejected at Bid opening except for late bids, in accordance with Instructions to Bidders Sub-Clause 25.1.

27.3 UNOPS shall prepare a record of the Bid opening that shall include, as a minimum: the name of the Bidder and the Bid.

E. Evaluation and Comparison of Bids

28. Confidentiality

28.1 Information relating to the examination, evaluation, comparison, and post-qualification of bids, and recommendation of contract award, shall not be disclosed to Bidders or any other persons not officially concerned with such process until publication of the Contract Award.

28.2 Any effort by a Bidder to influence UNOPS in the examination, evaluation, comparison, and post-qualification of the bids or contract award decisions may result in the rejection of its Bid.

Notwithstanding Instructions to Bidders Sub-Clause 28.2, from the time of bid opening to the time of Contract Award, if any Bidder wishes to contact UNOPS on any matter related to the bidding process, it should do so in writing.

29. Clarification of Bids

29.1 To assist in the examination, evaluation, comparison and post-qualification of the bids, UNOPS may, at its discretion, ask any Bidder for a clarification of its Bid. UNOPS's request for clarification and the response shall be in writing. No change in the prices or substance of the Bid shall be sought, offered, or permitted.

30. Responsiveness of Bids

30.1 UNOPS's determination of a bid's responsiveness is to be based on the contents of the bid itself.

30.2 A substantially responsive Bid is one that conforms to all the terms, conditions, and specifications of the Bidding Documents without material deviation, reservation, or omission. A material deviation, reservation, or omission is one that:

(a) affects in any substantial way the scope, quality, or performance of the Goods and Related Services specified in the Contract; or

(b) limits in any substantial way, inconsistent with the Bidding Documents, UNOPS's rights or the Bidder's obligations under the Contract; or

(c) if rectified would unfairly affect the competitive position of other Bidders presenting substantially responsive bids.

UNOPS considers material deviation to include but not to be limited to the following situations:

(d) <u>During preliminary examination of bids (verification of formal criteria)</u>:

- Lack of proper bid securities in terms of change in the wording (not consistent with the prescribed format), amount, or validity period.
- Absence of bid form, change in the wording (not consistent with the prescribed format) or lack of signature of key portions of the bid form.
- The Bidder does not accept important Contract conditions, i.e. related to Performance Security, Warranty, Force Majeure, Applicable Law, Payment Terms, Limitation of Liability, etc..
- A delivery schedule that exceeds UNOPS requirements as specified in the Schedule of Requirements by more than twenty (20) days

- Non historical documents required in the ITB, i.e. document specifically related to the tender and one that the Bidder could not be expected to possess before the ITB was issued, have not been provided.

(e) During technical evaluation of bids and qualification of Bidders:
- Specifications of the item quoted vary in one or more significant respect(s) from the minimum required Technical Specifications.
- Bidders do not meet the minimum post-qualification requirements.

(f) During financial evaluation of bids:
- The Bidder does not accept the required price correction as per ITB conditions.
- The Bidder offers less quantity than what is required.

30.3 If a bid is not substantially responsive to the Bidding Documents, it shall be rejected by UNOPS and may not subsequently be made responsive by the Bidder by correction of the material deviation, reservation, or omission.

31. Nonconformities, Errors, and Omissions

31.1 Provided that a Bid is substantially responsive, UNOPS:

(a) may waive any non-conformities or omissions in the Bid that do not constitute a material deviation.

(b) may request that the Bidder submit the necessary information or documentation, within a reasonable period of time, to rectify nonmaterial nonconformities or omissions in the bid related to documentation requirements. Such omission shall not be related to any aspect of the price of the Bid. Failure of the Bidder to comply with the request may result in the rejection of its Bid.

(c) shall correct arithmetical errors on the following basis:
- If there is a discrepancy between the unit price and the line item total that is obtained by multiplying the unit price by the quantity, the unit price shall prevail and the line item total shall be corrected, unless in the opinion of UNOPS there is an obvious misplacement of the decimal point in the unit price, in which case the line item total as quoted shall govern and the unit price shall be corrected;
- if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and
- if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetic error, in which case the amount in figures shall prevail subject to (a) and (b) above.

31.2 If the Bidder that submitted the lowest evaluated Bid does not accept the correction of errors, its Bid shall be rejected and its Bid Security may be forfeited.

32. Preliminary Examination of Bids

32.1 UNOPS shall examine the bids to confirm that all documents and technical documentation requested in Instructions to Bidders Clause 11 have been provided, and to determine the completeness of each document submitted.

33. Examination of Terms and Conditions and Technical Evaluation

33.1 UNOPS shall examine the Bid to confirm that it does not contain material deviation or reservation related to the conditions and requirements specified in the GCG, Section IV, and in the Schedule of Requirements, Section III.

33.2 If, after the examination of the terms and conditions and the technical evaluation, UNOPS determines that the Bid is not substantially responsive in accordance with Instructions to Bidders Clause 30, it shall reject the Bid.

34. Conversion to Single Currency

34.1 For evaluation and comparison purposes, UNOPS shall convert all bid prices expressed in amounts in various currencies into an amount in *USD,* using the United Nations exchange rates established for the month in which the bids are opened.

35. Domestic Preference

35.1 Domestic preference shall not be a factor in bid evaluation.

36. Evaluation of Bids

36.1 UNOPS shall evaluate each bid that has been determined, up to this stage of the evaluation, to be substantially responsive.

36.2 To evaluate a Bid, UNOPS shall consider the following:

(a) evaluation will be done for the complete schedule of items(lot) specified in the schedule of requirements

(b) price adjustment for correction of arithmetic errors in accordance with Instructions to Bidders Sub-Clause 31;

(c) price adjustment due to discounts offered in accordance with Instructions to Bidders Sub-Clause 14.1;

(d) the availability in the Beneficiary's Country of spare parts and after-sales services for the equipment offered in the bid;

36.3 UNOPS's evaluation of a bid will exclude and not take into account:

(a) Customs duties and other import taxes, sales and other similar taxes, which will be payable on the Goods if the contract is awarded to the Bidder;

(b) Any allowance for price adjustment during the period of execution of the contract, if provided in the bid.

37. Comparison of Bids

37.1 UNOPS shall compare all substantially responsive bids to determine the lowest priced compliant offer, in accordance with Instructions to Bidders Clause 36.

37.2 Bid comparison will be made on the total cost, delivered to final destination. UNOPS reserves the right to compare freight prices of Bidders with rates of reputable freight forwarders and to consider such rates for the purpose of bid evaluation. In the event of freight prices of Bidders being found less competitive than rates offered by freight forwarders, UNOPS may issue a Contract on FCA basis to the Vendor instead of DAP and issue a separate contract for freight to a freight forwarder, if deemed in the best financial interest of UNOPS.

38. Post-qualification of the Bidder

38.1 UNOPS shall determine to its satisfaction whether the Bidder that is selected as having submitted the lowest evaluated and substantially responsive bid is qualified to perform the Contract satisfactorily.

38.2 The determination shall be based upon an examination of the documentary evidence of the Bidder's qualifications submitted by the Bidder, pursuant to Instructions to Bidders Clause 19.

38.3 An affirmative determination shall be a prerequisite for award of the Contract to the Bidder. A negative determination shall result in disqualification of the bid, in which event UNOPS shall proceed to the next lowest evaluated bid to make a similar determination of that Bidder's capabilities to perform satisfactorily.

38.4 After determining the lowest priced substantially compliant offer in accordance with Instructions to Bidders Sub-Clause 37.1, UNOPS shall carry out the post-qualification of the Bidder in accordance with Instructions to Bidders Clause 38, using only the requirements specified. Requirements not included in the text below shall not be used in the evaluation of the Bidder's qualifications. When the Bidder is not the manufacturer of the Goods, the Bidder shall be duly authorized by the manufacturer of the Goods who meets the criteria below and all supporting documents/information as asked below for the Bidder shall also be submitted for the manufacturer with the Bid:

(a) Financial Capability

The Bidder shall furnish documentary evidence that it meets the following financial requirement(s):

- Liquidity: the ratio Average Current assets / Current liabilities over the last 2 years must be equal or greater than 1. Bidders must include in their Bid audited balance sheets covering the last 2 exercises
- Profitability: the profit margin, i.e. Profit before interest and tax x 100 / Sales revenue (turnover) must be greater than 0. Bidders must include in their Bid audited profit and loss accounts covering the last 2 exercises

- The Bidders who are manufacturers should have annual sales turnover of minimum *2* times the value as quoted against each lot, in any one of the last five years to qualify for a particular lot. The above criteria will be cumulative for the purpose of evaluating multiple lots.
- For non manufacturer Bidders (excluding agents quoting in the name of the manufacturer): the Bidder should have annual sales turnover of minimum the value as quoted against each lot, in any one of the last five years to qualify for a particular lot. The above criteria will be cumulative for the purpose of evaluating multiple lots.

(b) Experience and Technical Capacity

The Bidder shall furnish documentary evidence to demonstrate that it meets the following experience requirement(s):

- The manufacturer whose products are offered by the Bidder must have manufactured and supplied the specific Goods to the extent of at least *two(2) times* the quantity indicated against each lot under "Section V, Schedule of Requirements" in any one of the last five calendar years. There should not be any adverse report regarding the supplies for at least five years preceding the date of bid opening..
- For non manufacturer Bidders (excluding agents quoting in the name of the manufacturer): the Bidder, as authorized by the manufacturer, has supplied and provided after sales services to the extent of at least *100 (one hundred)%* of the quantities indicated against each lot specified in the Schedule of Requirements in any one of the last three (3) years. The Goods must be in satisfactory operation. (Documentary evidence in this regard shall be provided).
- Bidders shall invariably furnish documentary evidence (Client's certificate) in support of the satisfactory operation of the Goods supplied by the Bidder.
- Bidder should be in continuous business of manufacturing / supplying the specific product as specified in the 'Schedule of requirement' during the last 1 (one) year and similar products during the last 3 (three) years prior to bid opening. .(Documentary evidence in this regard shall be provided).
- Details of experience and past performance of the Bidder on product offered and on those of similar nature within the past 5 (five) years and details of current contracts in hand and other commitments (suggested form given in Section II, Bidding Forms, Form 10: Performance Statement Form.
- Brief write-up, backed with adequate data, explaining the Bidder's available capacity and experience (both technical and commercial) for the manufacture and/or supply of the required Goods within the specified time of completion after the meeting of all of the Bidder's current commitments.

(c) Additional Requirements:

- Certification of incorporation of the Bidder and Manufacturer. Legal status, place of registration and principal place of business of the company or firm or partnership, etc
- The bidder shall submit a written confirmation/statement that the Bidder is not under a declaration of ineligibility as per Instructions to Bidders Clause 3 and is not ineligible to submit a bid as per as per Instructions to Bidders Clause 3
- Detailed description of the Goods essential technical and performance characteristics.
- For non-manufacturer Bidders only (this excludes agents quoting in the name of a manufacturer): Legally enforceable authorization from the manufacturer in the prescribed Form (see Section II, Form 9) assuring full guarantee and warranty obligations as per the General Conditions for Goods.
- The bidder shall submit a written legally enforceable statement confirming availability of spare parts from the supplier or a local representative in Mogadishu/Somalia for the least 5 years after installation of the equipment
- Proper authorization from the manufacturer for Bids from Agents.
- The bidder shall provide a copy of the suppliers proposed maintenance service contract terms
- The past performance of the Bidder shall be taken into account for evaluation. The Bidder shall disclose instances of previous past performance that may have resulted in adverse actions taken against the Bidder and the manufacturers whose products are being offered by the Bidder, in the last 5 (Five) years (see Schedule IV, Bidding Forms, Form 11). Such adverse actions (including suspension or cancellation of its manufacturing license by regulatory authorities, product recalls etc.) may be treated as unsatisfactory performance history while deciding the award of contract.

If no instance of previous past performance has resulted into adverse actions this should be clearly indicated in the Bidder's bid.

- In the case of a Bidder not doing business within the Country of destination(Mogadishu Somalia), the Bidder is or will be (if awarded the contract) represented by an Agent in the country equipped and able to carry out the Supplier's maintenance, repair and spare parts stocking obligations prescribed in the Conditions for Goods and/or Technical Specifications;

38.5 Notwithstanding anything stated above, UNOPS reserves the right to assess the Bidder's capabilities and capacity to execute the Contract satisfactorily before deciding on award.

38.6 Even though the Bidders meet the above qualifying criteria, they are subject to be disqualified if they have made misleading or false representations in the forms, statements and attachments submitted in proof of the qualification requirements; and/or record of poor performance such as, not properly completing contracts, inordinate delays in completion, litigation history, financial failures etc.

39. UNOPS's Right to Accept Any Bid, and to Reject Any or All Bids

39.1 UNOPS reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time prior to contract award, without thereby incurring any liability to Bidders.

F. Award of Contract

40. Award Criteria

40.1 In the event of a Contract award, UNOPS shall award the Contract to the Bidder whose offer has been determined to be the lowest evaluated bid substantially responsive to the Bidding Documents, provided further that the Bidder is determined to be qualified to perform the Contract satisfactorily.

40.2 Before the award of Contract, UNOPS may inspect the manufacturing facilities of the lowest evaluated responsive Bidder to assess his capability to successfully perform the Contract as per the terms and conditions specified in the ITB.

41. UNOPS's Right to Vary Quantities at Time of Award

41.1 At the time the Contract is awarded, UNOPS reserves the right to increase or decrease the quantity of Goods and Related Services originally specified in Section III, Schedule of Requirements, provided this does not exceed *20 (twenty) %***,** and without any change in the unit prices or other terms and conditions of the bid and the Bidding Documents.

42. Publication of Contract Award

42.1 UNOPS shall publish in UNOPS website (http://www.unops.org/english/whatweneed/Pages/Contractawards.aspx) the following information: the ITB Reference Number, the Description of the Goods / Services procured, the Beneficiary Country, The Supplier Name and Country, the Contract Value and the Issue Date of the Contract. After publication of the award, unsuccessful Bidders may request in writing to UNOPS for a debriefing seeking explanations on the grounds on which their bids were not selected. UNOPS shall promptly respond in writing to any unsuccessful Bidder who, after Publication of contract award, requests a debriefing.

42.2 Upon the successful Bidder's furnishing of the signed Contract Form and performance security pursuant to Instructions to Bidders Clause 44, UNOPS will promptly notify and will discharge the Bid Security of each unsuccessful Bidder, pursuant to Instructions to Bidders Clause 21.4.

43. Signing of Contract

43.1 Prior to the expiration of the period of bid validity, UNOPS shall send the successful Bidder the Contract and the Special Conditions for Goods.

43.2 Within *5 (five)* calendar days of receipt of the Contract, the successful Bidder shall sign, date, and return it to UNOPS.

44. Performance Security

44.1 Within *10(ten)* calendar days of receipt of the Contract from UNOPS, the successful Bidder, if required, shall furnish the Performance Security in accordance with the GCG, using for that purpose the Performance Security Form included in Section VI, Contract forms, or another Form acceptable to UNOPS. UNOPS shall promptly discharge the Bid Securities of the unsuccessful Bidders pursuant to Instructions to Bidders Sub-Clause 21.4.

44.2 Failure of the successful Bidder to submit the above-mentioned Performance Security or sign the Contract shall constitute sufficient grounds for the annulment of the award and forfeiture of the Bid Security. In that event UNOPS may award the Contract to the next lowest evaluated Bidder, whose offer is substantially responsive and is determined by UNOPS to be qualified to perform the Contract satisfactorily.

Section II. Bidding Forms

Table of Forms

1. Bid / No Bid Confirmation Form
2. Check-List Form
3. Bidder Information Form
4. Joint Venture Partner Information Form
5. Bid Submission Form
6. Price Schedule Form
7. Technical Specification/Comparative Data Form (Annex I)
8. Bid Security (Bank Guarantee) Form
9. Manufacturer's Authorization Form
10. Performance Statement Form
11. No Adverse Action Confirmation Form

The above forms which are to be completed and returned as part of the suppliers bid are attached in Word/editable format to facilitate bid preparation. Bidders shall not modify any of the form language

Bid / No Bid Confirmation Form

[Complete this page and return it prior to bid opening if you do not intend to bid]

Date:

To: UNOPS
Kenya Operations Center

email: *keocprocurement@unops.org*

From: _____

_____

_____

Subject: ITB, UNOPS case no.: *ITB-KEOC-2013-013*.– Project no. *00083594*

YES, we intend to submit an offer.

NO, we are unable to submit a bid in response to the above mentioned invitation to bid due to the reason(s) listed below:

( ) The requested products are not within our range of supply
( ) We are unable to submit a competitive offer for the requested products at the moment
( ) The requested products are not available at the moment
( ) We cannot meet the requested specifications
( ) We cannot offer the requested type of packing
( ) We can only offer FCA prices
( ) The information provided for quotation purposes is insufficient
( ) Your ITB is too complicated
( ) Insufficient time is allowed to prepare a quotation
( ) We cannot meet the delivery requirements
( ) We cannot adhere to your terms and conditions (please specify: payment terms, request for performance security, etc)
( ) We do not export
( ) Our production capacity is currently full
( ) We are closed during the holiday season
( ) We had to give priority to other clients' requests
( ) We do not sell directly but through distributors
( ) We have no after-sales service available
( ) The person handling the bids is away from the office
( ) Others (please specify)
( ) We would like to receive future ITBs for this type of goods
( ) We don't want to receive ITBs for this type of goods

If UNOPS has questions to the bidder concerning this NO BID, UNOPS should contact Mr./Ms._____, phone/email _____, who will be able to assist.

1. Check-List Form

Activity	Yes/No/NA	Page No in your Bid	Remark
Have you duly completed as all the Bidding Forms provided in Section II?; i.e.:			
- Bid / No bid Confirmation			
- Bidder Information			
- Joint Venture Partner Information and associated documents as per Instructions to Bidders Sub Clause 4.4			
- Bid Submission Form			
- Price Schedule			
- Technical Specification Compliance Confirmation (Comparative Data Table)			
- Bid Security (in the correct form, and indicating the correct amount and correct validity period)			
- Manufacturer' Authorization			
- Performance Statement			
- No Adverse Action Confirmation Form			
Have you provided the information as per Instructions to Bidders Clauses:			
- 18: Documents establishing the conformity of the Goods and Related Services			
- 38: Post-qualification of the Bidder			
- Financial capability related documents			
- Experience and technical capacity related documents			
- Additional requirements			

2. Bidder Information Form

1. Expertise of Organization:

	Please fill in
Organization structure (e.g. service provider, wholesaler, trader, manufacturer)	
Years of company experience	
Areas of expertise of organization	
Current Licenses if any, and Permits (with dates, numbers and expiration dates)	
Heath Authority Registration Information	
Production Capacity	

2. Quality Assurance Certification:

International Quality Management System (QMS)	
List of other ISO certificates or equivalent certificates	
Presence and characteristics of in-house quality control laboratory	

3. Expertise of Staff:

Total number of staff	
Number of staff involved in similar supply contracts	

4. Client Reference List:

Please provide references such as client details, commercial bank details, etc.

Name of company:	Contact person:	Telephone:	E-mail:
1.			
2.			
3.			

5. Contact details of persons that UNOPS may contact for requests for clarification during bid evaluation:

Name/Surname	
Tel Number (direct)	
Email address (direct):	

PS: This person must be available during the next two weeks following receipt of bid

3. Joint Venture Partner Information Form

[The Bidder shall fill in this Form in accordance with the instructions indicated below].
Date: *[insert date (as day, month and year) of Bid Submission*]
ITB No.: *[insert number of bidding process]*

Page _____ of _____ pages

1. Bidder's Legal Name: *[insert Bidder's legal name]*
2. JV's Party legal name: *[insert JV's Party legal name]*
3. JV's Party Country of Registration: *[insert JV's Party country of registration]*
4. JV's Party Year of Registration: *[insert JV's Part year of registration]*
5. JV's Party Legal Address in Country of Registration: *[insert JV's Party legal address in country of registration]*
6. JV's Party Authorized Representative Information Name: *[insert name of JV's Party authorized representative]* Address: *[insert address of JV's Party authorized representative]* Telephone/Fax numbers: *[insert telephone/fax numbers of JV's Party authorized representative]* Email Address: *[insert email address of JV's Party authorized representative]*
7. Attached are copies of original documents of: *[check the box(es) of the attached original documents]* ☐ Articles of Incorporation or Registration of firm named in 2, above, in accordance with Instructions to Bidders Sub-Clauses 4.1 and 4.2. ☐ JV Agreement, or letter of intent to enter into such an Agreement, signed by the legally authorized signatories of all the parties

4. Bid Submission Form

[The Bidder shall fill in this Form in accordance with the instructions indicated No alterations to its format shall be permitted and no substitutions shall be accepted.]
Date: *[insert date (as day, month and year) of Bid Submission]*
ITB No.: *[insert number of bidding process]*
Invitation to Bid No.: *[insert No of ITB]*
Alternative No.: *[insert identification No if this is a Bid for an alternative]*

To: *[insert complete name of Purchaser]*

We, the undersigned, declare that:

(a) We have examined and have no reservations to the Bidding Documents, including Amendment No.: _____*[insert the number and issuing date of each Amendment];*

(b) We offer to supply in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements the following Goods and Related Services _____ *[insert a brief description of the Goods and Related Services];*

(c) The total price of our Bid, excluding any discounts offered in item (d) below, is: _____*[insert the total bid price in words and figures, indicating the various amounts and the respective currencies];*

(d) The discounts offered and the methodology for their application are:

Discounts. If our bid is accepted, the following discounts shall apply._____ *[Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies.]*

Methodology of Application of the Discounts. The discounts shall be applied using the following method:_____ *[Specify in detail the method that shall be used to apply the discounts];*

(e) Our bid shall be valid for the period of time specified in Instructions to Bidders Sub-Clause 20.1, from the date fixed for the bid submission deadline in accordance with Instructions to Bidders Sub-Clause 24.1, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;

(f) If our bid is accepted, we commit to obtain a performance security in accordance with Instructions to Bidders Clause 44 and GCC Clause 12 for the due performance of the Contract;

(g) We, including any subcontractors or suppliers for any part of the contract, have nationality from countries_____ *[insert the nationality of the Bidder, including that of all parties that comprise the Bidder, if the Bidder is a JV, and the nationality each subcontractor and supplier]*

(h) We have no conflict of interest in accordance with Instructions to Bidders Sub-Clause 4.2;

(i) Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by UNOPS, in accordance with Instructions to Bidders Sub-Clause 4.3;

(j) We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

Signed:_____ *[insert signature of person whose name and capacity are shown]*
In the capacity of _____*[insert legal capacity of person signing the Bid Submission Form]*

Name:_____ *[insert complete name of person signing the Bid Submission Form]*

Duly authorized to sign the bid for and on behalf of:_____ *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

5. Price Schedule Form

*[The Bidder shall fill in these Price Schedule Forms in accordance with the instructions indicated. The list of line items in column 1 of the **Price Schedules** shall coincide with the List of Goods and Related Services specified by UNOPS in the Schedule of Requirements.]*

BIDDER'S TOTAL PRICES	**(*Price & Currency to be entered by Bidder*):**
TOTAL FIRM FCA PRICE	
TOTAL FIRM DAP PRICE Demartino Hospital Mogadishu	
TOTAL PRICE FOR SERVICES	
FREIGHT COST	
INSURANCE COST	

BIDDER'S PRICES FOR GOODS ***(Price & Currency to be entered by Bidder):***

ITEM	DESCRIPTION	QTY (a).	CURRENCY: UNIT PRICE FCA (b)	UNIT PRICE DAP (c)	TOTAL PRICE FCA (a)x(b)	TOTAL PRICE DAP (a)x(c)
1.	**General Equipment**					
01-CAPR	Cards Printing Machine	1				
01-NEB	Nebulizer for OR and small ambient	3				
01-PCW	PC WorkStation	6				
01-PRL	Printer, Laser, Monochrome	6				
01-UPS	UPS, 750 VAC	6				
2.	**Medical Equipment**					
02-AES	Anaesthesia System	2				
02-ASE	Aspirators, Emergency	2				
02-ASS	Aspirators, Surgical	4				
02-AST	Aspirators, Thoracic	1				
02-ASU	Aspirators, Uterine	2				
02-DEF	Defibrillator, automated	4				
02-DHF	Doppler, Foetal Heart, Ultrasonic	2				
02-ECM	Electrocardiographs, Multichannel,	1				
02-ESU	Electrosurgical Unit	2				
02-LIE	Lights, examination	15				
02-LEG	Lights, Germicidal	6				
02-LIS	Lights, Surgical	2				
02-MBF	Monitor, Bedside, Foetal	2				
02-MBG	Monitor, Bedside, General Purpose	4				
02-MBM	Monitor, Bedside, Modular	2				
02-OXP	Oximeters, Pulse	6				
02-OXC	Oxygen, Concentrator	6				
02-RU-WR	Radiographic Unit, Chest, Manual	1				
02-SSUG	Scanning System, Ultrasonic, General	1				
02-SSUP	Scanning System, Ultrasonic, portable	1				
02-STDH	Sterilizing Unit, Dry Heat	1				
02-STSB	Sterilizing Unit, Steam, Bulk	3				
02-STST	Sterilizing Unit, Steam, Tabletop	3				
02-SYD	Syringe, needle destroyer	1				
02-TAOG	Table, Operating	1				

02-TAOO	Table, Operating, Orthopaedic	1				
02-VIC	Ventilators, Intensive Care	1				
02-VIP	Volumetric, Infusion Pump	4				
02-VIPS	Volumetric, Infusion Pump, Syringe	2				
02-WAB	Warmer, blood bags	1				
02-WAR	Warming Unit, Radiant, Infant	1				
02-XCRS	X-RAY, Computer Radiographic System	1				
3.	**Clinical Analysis Equipment**					
03-ANB	Analyzer, Bloog Gas/PH	1				
03-ANCL	Analyzer, Clinical Chemistry	1				
03-ANCO	Analyzer, Coagulation, Whole Blood	3				
03-ANGL	Analyzer, Glucose, Whole Blood	4				
03-ANHE	Analyzer, Haematology, Automated	1				
03-ANHW	Analyzer, Haemoglobin, Whole Blood	5				
03-BLM	Blood Bags, Balance/Mixer	1				
03-BLS	Blood Bags, Sealer	1				
03-CEC	Cell Counter, differential, manual	1				
03-CEMH	Centrifuge, Micro-Haematocrit	1				
03-CET	Centrifuge, Tabletop	1				
03-GLASS	Glassware and Accessories	1				
03-MICL	Microscope, light	2				
03-PHM	Ph Meter	2				
03-PUW	Purifying Water System	1				
03-REF-BB	Refrigerator, Blood Bank	1				
03-REF-LB	Refrigerator, Laboratory 140 l	5				
03-SHKO	Shaker, Cuvettes, Orbital	1				
03-SHKV	Shaker, Vortex	1				
03-SPEC	Spectrophotometers, Visible	1				
03-WATB	Water Bath	2				
03-WSAB	Weighting System, Analytical Balance	2				
4.	**Medical Device**					
MDD1	Airways , Nasopharnygeal Set (Adult, Child)	1				
MDD2	Ambu Bags , Adult	9				
MDD3	Baby Weighing Scale	2				
MDD4	Chart , Eyes, Visual, Acuity	1				
MDD5	Detector , Fetal, Detector, Heart, Phono	5				
MDD6	Gestogram	3				
MDD7	Infant Scale Beam	3				
MDD8	Infant Scale Salter	3				
MDD9	Laryngoscope	8				
MDD10	Magnifying Lens for Eyes	3				
MDD11	Opthalmoscope/Otoscope	8				
MDD12	Sphigmomanometer	11				
MDD13	Sthetoscope (Dual head)	10				
MDD14	Sthetoscope (One head)	13				
MDD15	Themometer	30				
MDD16	Torniquette Manual,	20				
MDD17	Weight Scale Adult	6				
MDD18	Personal protection Devices	1				

ITEM	DESCRIPTION	QTY (a).	CURRENCY:			
			UNIT PRICE FCA (b)	UNIT PRICE DAP (c)	TOTAL PRICE FCA (a)x(b)	TOTAL PRICE DAP (a)x(c)
	Equipment consumable/reagents for the start up of the activities (3 month of full operations). *Bidder shall provide in a seperate sheet a full breakdown costs comprising the sum/total of this line item.*	Lot				
	UPS with maintenance-free batteries for minimum one-hour back-up and Automatic Voltage Regulation of appropriate ratings should be supplied for the most critical equipment. *Bidder shall provide in a seperate sheet a full breakdown costs comprising the sum/total of this line item.*	Lot				
	If required, resettable overcurrent breakers shall be fitted for protection of the most critical equipment. *Bidder shall provide in a seperate sheet a full breakdown costs comprising the sum/total of this line item.*	Lot				

BIDDER'S PRICES FOR SERVICES (Price & Currency to be entered by Bidder):

ITEM	DESCRIPTION OF THE SERVICES	COUNTRY OF ORIGIN	QUANTITY AND PHYSICAL UNIT (a)	UNIT PRICE (b)	TOTAL PRICE PER SERVICE (a)x(b)
1.	Equipment assembly, Installation, Testing, Caliberation, User Training, in accordance with Section III(Schedule of Requirements) *Bidders shall provide in a seperate sheet a full breakdown costs comprising the sum/total of this line item. Prices shall include but not be limited to all travel related expenses to Mogadishu Somalia , incountry logistical/operational expenses e.g transport , office space , accomodation e.t.c*				
2.	Warranties and After Sale Service *in accordance with clause 8 of the Technical Specfications (Section III of the ITB)*				
3.	In-country Service facility in accordance *with clause 8 of the Technical Specfications (Section III of the ITB)*				
4.	Comprehensive annual maintenance Contract(1st year)				
5.	*insert more rows in each section if necessary or delete if too many*				

BIDDER'S DISCOUNT FOR ACCELERATED PAYMENT

____% of total firm price for each calendar day less than thirty (30) days

BIDDER'S DELIVERY DATA		
Country of origin of offered products:	Item 1	
	Item 2	*insert more rows in each section if necessary*
	Item 3	*or delete if too many*
	Item 4	
	Item 5	
FCA point(s) of delivery for offered products:	Item 1	
	Item 2	
	Item 3	
	Item 4	
Period of Warranty Cover Offered	Item 1	
	Item 2	

	Item 3				
	Item 4				
Delivery time (DAP Demartino Hospital from date of order):	Item 1				
	Item 2				
	Item 3				
	Item 4				
	Item 5				
Shipment dimensions of offered products (Including package):		Gross weight			
	Item 1		Total volume	Containers (if applicable): Number	Size
	Item 2				
	Item 3				
	Item 4				
	Item 5				
	Total				

In the event of an order where UNOPS utilizes its own freight forwarder, the awarded supplier is required to cover the difference in freight cost resulting from higher weight/volume than initially stated in the bid.

Bidders Aftersale Service/Spare Parts Local Represenative in Somalia/Mogadishu

Name: *[insert name of authorized representative]*
Address: *[insert address of JV's Party authorized representative]*
Telephone/Mobile numbers: *[insert telephone/fax numbers of authorized representative]*
Email Address: *[insert email address of authorized representative]*
Contact persons: *[insert full names & contacts]*

PROVIDED THAT A PURCHASE ORDER IS ISSUED BY UNOPS **WITHIN THE REQUIRED BID VALIDITY PERIOD**, THE UNDERSIGNED HEREBY COMMITS, SUBJECT TO THE TERMS OF SUCH PURCHASE ORDER, TO FURNISH ANY OR ALL ITEMS AT THE PRICES OFFERED AND TO DELIVER SAME TO THE DESIGNATED POINT(S) WITHIN THE DELIVERY TIME STATED ABOVE.

Exact name and address of company

COMPANY NAME_____

ADDRESS_____

_____

PHONE NO._____ FAX NO. _____

EMAIL ADDRESS OF CONTACT PERSON_____

OTHER EMAIL ADDRESSES_____

AUTHORIZED SIGNATURE **DATE**

NAME OF AUTHORIZED SIGNATORY (TYPE OR PRINT)

FUNCTIONAL TITLE OF SIGNATORY

WEB SITE_____

N.B Bidders shall quote for the complete requirement of Goods and Related Services specified under each lot on a single responsibility basis. Incomplete offers will be rejected.

For the hospitals planning purposes and in accordance with paragraph 9 of the Schedule of Requirements of the ITB , bidders shall provide (in the table below) prices of consumables , regents and most common spare parts . These Prices WILL NOT be factored in the financial evaluation.

ITB Ref.	Request for Pricing / Information		
Sec.III 9	List of components, spare parts, tools along with their numbers and price	Part numbers	Unit Price (FCA)
	insert more rows in each section if necessary or delete if too many		

6. Technical Specification Form
(Comparative Data Table)

Bidders must complete the right column of the comparative data hereby incorapted as Annex I and the compliance confirmation statement below.

THE OFFERED PRODUCTS ARE IN ACCORDANCE WITH THE REQUIRED SPECIFICATIONS AND TECHNICAL REQUIREMENTS:

YES NO

ANY DEVIATIONS MUST BE LISTED BELOW:

Bid Security (Bank Guarantee) Form

_____
[Bank's Name, and Address of Issuing Branch or Office]
Beneficiary: _____ *[Name and Address of UNOPS]*
Date: _____
BID GUARANTEE No.: _____
We have been informed that *[name of the Bidder]* (hereinafter called "the Bidder") has submitted to you its bid dated (hereinafter called "the Bid") for the execution of *[name of contract]* under Invitation to Bid No. *[ITB number]* ("the ITB").
Furthermore, we understand that, according to your conditions, bids must be supported by a bid guarantee.
At the request of the Bidder, we *[name of Bank]* hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of *[amount in figures]* (*[amount in words]*) upon receipt by us of your first demand in writing accompanied by a written statement stating that the Bidder is in breach of its obligation(s) under the bid conditions, because the Bidder:

(a) has withdrawn its Bid during the period of bid validity specified by the Bidder in the Form of Bid; or
(b) having been notified of the acceptance of its Bid by UNOPS during the period of bid validity, (i) fails or refuses to execute the Contract Form; or (ii) fails or refuses to furnish the performance security, if required, in accordance with the Instructions to Bidders.

This guarantee will expire: (a) if the Bidder is the successful Bidder, upon our receipt of copies of the contract signed by the Bidder and the performance security issued to you upon the instruction of the Bidder; or (b) if the Bidder is not the successful Bidder, upon the earlier of (i) our receipt of a copy of your notification to the Bidder of the name of the successful Bidder; or (ii) Twenty-eight(28) days after the expiration of the Bidder's Bid.

Consequently, any demand for payment under this guarantee must be received by us at the office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458.

_____
[signature(s)]

7. Manufacturer's Authorization Form

Date: *[insert date (as day, month and year) of Bid Submission]*
ITB No.: *[insert number of bidding process]*
Alternative No.: *[insert identification No if this is a Bid for an alternative]*

To: *[insert complete name of UNOPS]*

WHEREAS

We *[insert complete name of Manufacturer]*, who are official manufacturers of *[insert type of goods manufactured]*, having factories at *[insert full address of Manufacturer's factories],* do hereby authorize *[insert complete name of Bidder]* to submit a bid the purpose of which is to provide the following Goods, manufactured by us *[insert name and or brief description of the Goods]*, and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 13 of the General Conditions for Goods, with respect to the Goods offered by the above firm.

Signed: *[insert signature(s) of authorized representative(s) of the Manufacturer]*

Name: *[insert complete name(s) of authorized representative(s) of the Manufacturer]*

Title: *[insert title]*

Dated on _____ day of _____, _____ *[insert date of signing]*

8. Performance Statement Form

(for the period of the last five years)

Bid no:_____

Name of the Firm _____

Order placed by (Full address of purchaser)	Order no & date	Description & quantity of ordered items	Value of Order	Date of completion of Delivery		Remarks indicating reasons of late delivery, if any	Was the supplies of goods satisfactory
				As per Contract	Actual		

Signature and seal of the Bidder

_____

Countersigned by and seal of Chartered Accountant

_____

To be attached: Documentary evidence (Client's certificate) in support of satisfactory completion of above orders.

9. No Adverse Action Confirmation Form

This is to certify that *[delete unwanted option]*:

a. No adverse action has been taken against the Bidder *[insert Bidder's name]* and the manufacturers *[insert manufacturer's name])* whose products are being offered by the Bidder against this Invitation to Bid, in the last 5 (Five) years.

b. The following instances of previous past performance have resulted in adverse actions taken against the Bidder *[insert Bidder's name])* and the manufacturers *[insert manufacturer's name]* whose products are being offered by the Bidder, in the last 5 (Five) years. Such adverse actions included:

(indicate date and reasons for adverse actions and result of adverse actions; i.e. suspension or cancellation of manufacturing license by regulatory authorities, product recalls, blacklisting, debarment from bidding etc.)

Signature_____
Name_____
Designation with stamp____
Date_____

Section III. Schedule of Requirements

Contents

1. List of Goods and Delivery Schedule
2. List of Related Services and Completion Schedule
3. Technical Specifications
4. Drawings
5. Inspections and Tests

1. List of Goods and Delivery Schedule

Line Item	Description of Goods	Quantity	Unit	Delivery Schedule from date of Contract
1. General Equipment				
01-CAPR	Cards Printing Machine	1	Unit	60 days
01-NEB	Nebulizer for OR and small ambient	3	Unit	60 days
01-PCW	PC WorkStation	6	Unit	60 days
01-PRL	Printer, Laser, Monochrome	6	Unit	60 days
01-UPS	UPS, 750 VAC	6	unit	60 days
2. Medical Equipment				
02-AES	Anaesthesia System	2	Unit	60 days
02-ASE	Aspirators, Emergency	2	Unit	60 days
02-ASS	Aspirators, Surgical	4	Unit	60 days
02-AST	Aspirators, Thoracic	1	Unit	60 days
02-ASU	Aspirators, Uterine	2	Unit	60 days
02-DEF	Defibrillator, automated	4	Unit	60 days
02-DHF	Doppler, Foetal Heart, Ultrasonic	2	Unit	60 days
02-ECM	Electrocardiographs, Multichannel,	1	Unit	60 days
02-ESU	Electrosurgical Unit	2	Unit	60 days
02-LIE	Lights, examination	15	Unit	60 days
02-LEG	Lights, Germicidal	6	Unit	60 days
02-LIS	Lights, Surgical	2	Unit	60 days
02-MBF	Monitor, Bedside, Foetal	2	Unit	60 days
02-MBG	Monitor, Bedside, General Purpose	4	Unit	60 days
02-MBM	Monitor, Bedside, Modular	2	Unit	60 days
02-OXP	Oximeters, Pulse	6	Unit	60 days
02-OXC	Oxygen, Concentrator	6	Unit	60 days
02-RU-WR	Radiographic Unit, Chest, Manual	1	Unit	60 days
02-SSUG	Scanning System, Ultrasonic, General	1	Unit	60 days
02-SSUP	Scanning System, Ultrasonic, portable	1	Unit	60 days
02-STDH	Sterilizing Unit, Dry Heat	1	Unit	60 days
02-STSB	Sterilizing Unit, Steam, Bulk	3	Unit	60 days
02-STST	Sterilizing Unit, Steam, Tabletop	3	Unit	60 days
02-SYD	Syringe, needle destroyer	1	Unit	60 days
02-TAOG	Table, Operating	1	Unit	60 days
02-TAOO	Table, Operating, Orthopaedic	1	Unit	60 days
02-VIC	Ventilators, Intensive Care	1	Unit	60 days
02-VIP	Volumetric, Infusion Pump	4	Unit	60 days
02-VIPS	Volumetric, Infusion Pump, Syringe	2	Unit	60 days
02-WAB	Warmer, blood bags	1	Unit	60 days
02-WAR	Warming Unit, Radiant, Infant	1	Unit	60 days
02-XCRS	X-RAY, Computer Radiographic System	1	Unit	60 days

3. Clinical Analysis Equipment				
03-ANB	Analyzer, Blood Gas/PH	1	Unit	60 days
03-ANCL	Analyzer, Clinical Chemistry	1	Unit	60 days
03-ANCO	Analyzer, Coagulation, Whole Blood	3	Unit	60 days
03-ANGL	Analyzer, Glucose, Whole Blood	4	Unit	60 days
03-ANHE	Analyzer, Haematology, Automated	1	Unit	60 days
03-ANHW	Analyzer, Haemoglobin, Whole Blood	5	Unit	60 days
03-BLM	Blood Bags, Balance/Mixer	1	Unit	60 days
03-BLS	Blood Bags, Sealer	1	Unit	60 days
03-CEC	Cell Counter, differential, manual	1	Unit	60 days
03-CEMH	Centrifuge, Micro-Haematocrit	1	Unit	60 days
03-CET	Centrifuge, Tabletop	1	Unit	60 days
03-GLASS	Glassware and Accessories	1	Unit	60 days
03-MICL	Microscope, light	2	Unit	60 days
03-PHM	Ph Meter	2	Unit	60 days
03-PUW	Purifying Water System	1	Unit	60 days
03-REF-BB	Refrigerator, Blood Bank	1	Unit	60 days
03-REF-LB	Refrigerator, Laboratory 140 l	5	Unit	60 days
03-SHKO	Shaker, Cuvettes, Orbital	1	Unit	60 days
03-SHKV	Shaker, Vortex	1	Unit	60 days
03-SPEC	Spectrophotometers, Visible	1	Unit	60 days
03-WATB	Water Bath	2	Unit	60 days
03-WSAB	Weighting System, Analytical Balance	2	Unit	60 days
4. Medical Device				
MDD1	AIRWAYS, NASOPHARYNGEAL SET (Adult, Child)	1	Unit	60 days
MDD2	AMBU BAGS, ADULT, PEDIATRIC	9	Unit	60 days
MDD3	BABY WEIGHTING SCALE	2	Unit	60 days
MDD4	CHART, EYES, VISUAL ACUITY	1	Unit	60 days
MDD5	DETECTOR, FETAL HEART, PHONO	5	Unit	60 days
MDD6	GESTOGRAM	3	Unit	60 days
MDD7	INFANT SCALE BEAM	3	Unit	60 days
MDD8	INFANT SCALE SALTER	3	Unit	60 days
MDD9	LARYNGOSCOPE	8	Unit	60 days
MDD10	MAGNIFING LENS FOR EYES	3	Unit	60 days
MDD11	OPTHALMOSCOPE/OTOSCOPE	8	Unit	60 days
MDD12	SPHIGMOMANOMETER	11	Unit	60 days
MDD13	STHETOSCOPE (Dual Head)	10	Unit	60 days
MDD14	STHETOSCOPE (One head)	13	Unit	60 days
MDD15	THERMOMETER	30	Unit	60 days
MDD16	TORNIQUETTE, MANUAL	20	Unit	60 days
MDD17	WEIGHT SCALE ADULT	6	Unit	60 days
MDD18	PERSONAL PROTECTION DEVICES	1	Unit	60 days

Consignee address and Consignee-wise Quantity distribution

Line Item	Consignee Address	Quantity	Unit
ALL ITEMS	DE MARTINO HOSPITAL, HAMAR JAB-JAB Area **MOGADISHU - SOMALIA**	ALL	ALL

Hazardous chemicals and other dangerous goods must be packed and documented according to current legislation. It is the responsibility of the vendor to provide complete packing and documentation as required for transportation.

2. List of Related Services and Completion Schedule

Description of Service	Quantity[1]	Physical Unit	Place where Services shall be performed	Final Completion Date(s) of Services
Delivery	All Items	NA	De Martino Hospital Mogadishu	60 Days following signature of the contract
Assembly, Installation,Testing Training	All Items	NA	De Martino Hospital Mogadishu	21 Days following date of delivery of order as per contract
Warranties and After Sale Service	12	Months	De Martino Hospital Mogadishu	1 year from date of commissioning and acceptance by UNOPS

1. If applicable

3.TECHNICAL SPECIFICATIONS

PART A: General Requirements and Provisions

1. INTRODUCTION
2. DESCRIPTION OF DE MARTINO HOSPITAL
3. ENVIRONMENTAL FACTS AND PRESCRIPTIONS
4. ELECTRICAL GENERAL PROVISIONS
5. SAFETY AND PERSONAL PROTECTION DEVICES
6. INTERNATIONAL STANDARDS
7. PLAN OF RECEIPT, INSTALLATION AND COMMISSIONING
8. WARRANTY AND AFTER SALES SERVICE
9. REAGENTS, CONSUMABLES AND SPARE PARTS
10. TRAINING BY SUPPLIER
11. TECHNICAL DOCUMENTATION
12. MARKING

PART B: Technical Specifications

01 – GENERAL EQUIPMENT
02 – MEDICAL EQUIPMENT
03 – LABORATORY EQUIPMENT
04 – MEDICAL DEVICES

PART A: General Requirements and Provisions

1. INTRODUCTION

This document describes the medical equipping project process of the De Martino Hospital in Mogadishu, Somalia. It specifies/defines the provision, installation and commissioning of equipment according to the distribution plan included in Section III.5 Drawings (document DM/03), as well as consumables such as reagents, personal protective devices, user on job training, preventive and corrective maintenance services.

2. DESCRIPTION OF DE MARTINO HOSPITAL

The De Martino Hospital will have the main function of providing basic health care services to the Population of Mogadishu.

De Martino Hospital, built by the Italian Government in 1910 has not been operational since the collapse of Siad Barre in 1991. It was abandoned, the structure was in very bad shape and it was partially occupied by Ogaden disabled war veterans. Currently there are no health services provided by the hospital. The rehabilitation of infrastructure, undertaken by UNOPS is almost completed. Upon completion of the on-going infrastructural rehabilitation, the intervention aims at providing the necessary resources (equipment, staff, basic management systems, recurrent costs) to make the hospital operational.

The De Martino Hospital is organized in Three Units:

OUT-PATIENT UNIT	EMERGENCY UNIT	IN PATIENT UNIT
4 examination Rooms	Operational Theatre	Male Warrd
Laboratory	Triage	Female Ward
Pharmacy	Resuscitation	Maternity Ward
Registration/acceptance	Stabilization	Delivery Room
Dressing Room		Operation Block
Injection Room		
X-Ray Department		
Administration		

- Table 1: General Description of Unit and Services -

3. ENVIRONMENTAL FACTS AND PRESCRIPTIONS

For a city situated so near the equator, Mogadishu has a dry climate. It is classified as hot and semi-arid (Köppen Climate Classification BS). Most parts of the city on desert terrain. The city has a low annual rainfall of 427 millimetres (16.8 in), most of which falls in the wet season(April to June, July to August, October to November). The rains are very variable from year to year, and drought is a constant problem for the people living in Somalia.

Sunshine is abundant in the city, averaging eight to ten hours a day year-round. It is lowest during the wet season, when there is some coastal fog and greater cloud coverage as warm air passes over the cool sea surface.

The supply of this tender shall be customized for storage and continuous operation in ambient temperature of a range of 17 - 45 deg C and relative humidity of 70 - 85%.

Climate data for Mogadishu													
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Year**
Record high °C (°F)	37 (99)	39 (102)	42 (108)	41 (106)	40 (104)	38 (100)	42 (108)	42 (108)	37 (99)	32 (90)	41 (106)	42 (108)	42 (108)

Average high °C (°F)	30.2 (86.4)	30.2 (86.4)	30.9 (87.6)	32.2 (90)	31.2 (88.2)	29.6 (85.3)	28.6 (83.5)	28.6 (83.5)	29.4 (84.9)	30.2 (86.4)	30.6 (87.1)	30.8 (87.4)	30.2 (86.4)
Average low °C (°F)	23.0 (73.4)	23.4 (74.1)	24.9 (76.8)	25.6 (78.1)	24.9 (76.8)	23.7 (74.7)	23.1 (73.6)	23.0 (73.4)	23.4 (74.1)	24.3 (75.7)	24.2 (75.6)	23.5 (74.3)	23.9 (75)
Record low °C (°F)	22 (72)	20 (68)	20 (68)	17 (63)	22 (72)	20 (68)	20 (68)	20 (68)	20 (68)	17 (63)	22 (72)	21 (70)	17 (63)
Rainfall mm (inches)	0 (0)	0 (0)	8 (0.31)	61 (2.4)	61 (2.4)	82 (3.23)	64 (2.52)	44 (1.73)	25 (0.98)	32 (1.26)	43 (1.69)	9 (0.35)	429 (16.87)
Avg. rainy days	0	0	0	5	6	10	9	7	3	2	4	1	47
% humidity	78	78	77	77	80	80	81	81	81	80	79	79	79.3
Source #1: Weltwetter Spiegel Online													
Source #2: Weatherbase													

- Table 2: Climate conditions (form Wikipedia) **-**

4. ELECTRICAL GENERAL PROVISIONS

All equipment that will be supplied under this tender must be compliant with the Electrical Standard present in Somalia.

The electrical System in Somalia is: output 220V, frequency: 50/60 Hz, single phase and 3 phase.

The Electric Plug Diagram is G, BS 1363 (British 13 A/230-240 V 50 Hz grounded and fused), commonly known as a "13 amp plug". All devices power cords are required to be of this type.

The electrical distribution experiences repeated fails and oscillation in tension. To prevent loss of data and equipment damages a suitable UPS with maintenance-free batteries for minimum one-hour back-up and Automatic Voltage Regulation of appropriate ratings should be supplied for the most critical equipment. The electrical system of the Hospital will be equipped with general UPS and Power generators, but the contractor has to check the power supply provision to prevent injury to people and damage to equipment.

If required, resettable over-current breaker shall be fitted for protection for the most critical items.

5. SAFETY AND PERSONAL PROTECTION DEVICES

To make the operation safe, staff working in the Laboratory Service, Sterilization and Radiology will be provided of personal protection devices thus preventing biological and physic risks or contamination (biohazards, ionizing radiations etc.)

Personal protective devices requested are (see item code MDD 18 for quantities):

Eye Protection Glasses: Leaded PMMA glasses made of a materials suitable for protection against ionizing radiation

Body Protection: Protective Lead Gown and Leaded Neck Protector against X rays, Gowns for Laboratory

Eyeshield: Single lens, frame moulding , plastic frame with side shields

Faceshields: Large lens with frame, adjustable head harness, capable to be worn with prescription glasses

Goggles Glasses: one lenses, flexible plastic frame, elastic headband, all angles eyes protection, rim in contact with face, ventilated

Clogs: plastic clogs, *Crocs* type, made of a material suitable for protection against biohazard various measures and colours

Glows: Latex disposable Glows, Sterile; Latex disposable Glows, Non Sterile.

6. INTERNATIONAL STANDARDS

Every device should be compliant to ISO 13485: Quality systems - Medical devices - Particular requirements for the application of ISO 9001 applicable to manufacturers and service providers that perform their own design activities.

Every device using electrical power supply should be compliant with IEC 61010-1(or any international equivalent) covering safety requirements for electrical equipment for measurement control and laboratory

use.

All devices should be CE approved product and compliant with Directive 93/42/EEC regarding medical devices and 2007/47 update.

7. PLAN OF RECEIPT, INSTALLATION AND COMMISSIONING

The installation will be made according to the DISTRIBUTION PLAN (see Section III – Schedule of Requirements, 3. Drawings). The logistics of the intervention will be defined according to the Contract Special Conditions once the contract is signed.

The successful bidder shall be responsible for site inspection and evaluation of:

- Quality of electric installation (earth, neutral, phases, electric board, etc);
- Quality of hydraulic installation (water supply, water pressure, intake diameter, etc);
- Environmental conditions (ventilation, illumination, humidity, radiations, protections, etc.).

The successful bidder shall be responsible for timely notifications to UNOPS concerning any special requirements for the proposed equipment models inorder to ensure a successful installation process.

At the moment of delivery, all goods supplied under the contract will be inspected and tested in order to verify compliance with the technical specifications, correct installation and full/complete and proper functionality.(Refer to 4.Inspections and Tests of Sectiion III- Schedule of Requirements)

The contractor must provide all materials, equipment and devices needed to implement a complete and safe installation and commissioning of the equipment supplied. The contractor should provide all the tools, manpower, technical direction, management/supervision, application services and any other services required, although not expressly stated in the Special/General Conditions of Contract.

Additionally, the contractor will be responsible for any necessary modifications/changes to existing infrastructure and will be responsible for rectifying any damage resulting from its activity.

8. WARRANTY AND AFTER SALES SERVICE

All Items must have 12 months of warranty and all components made in stainless steel must have ten years warranty. First year Warranty must include all the necessary Preventive Maintenance work/services including spare parts, equipment substitution/replacement and services required with a frequency of 3 interventions/year unless otherwise specified in the technical specifications.

The contractor should run the preventive maintenance for a period of 1 (one) year. These services do not relieve the Supplier of any obligations under the Contract in respect to guarantees provided by the manufacturer.

The supplier should have an *in-country Service Facility,* preferably based in Mogadishu, equipped with the necessary equipment and tools recommended by the manufacturer to carry out preventive maintenance tests in accordance with the guidelines provided in the service/maintenance manual.

The Contractor shall have a telephone *Hot-Line* contact for problem reporting during hospital working hours (8:00 to 17:00hrs) and a cellular contact on line 24 hours seven (7) days/week. If the phone-based troubleshooting fails, the on-site intervention will be guaranteed within 48 hours after the on-call intervention is requested.

In the event of equipment/device failure, the contractor has to guarantee a *Device Restoration Time* of at most 72 hours following the first *on-call* intervention request made by Demartino Hospital (DMH). Upon expiry of this period, the contractor shall supply a spare/standby device at no extra cost, inorder to prevent service's disruption. Such substitution will be guaranteed/in place until the faulty device has been restored and delivered in perfect functioning order at its final destination (DMH).

The after-sales service shall cover at least these activities:

1. **Preventive maintenance** (including inspections and electrical safety testing according to IEC standards, calibration, function tests) with the frequency indicated in technical specifications.

2. **Corrective maintenance** for defects on goods and components due to manufacturer or for unpredictable events, excluding *forces majeures*;
3. **Calibrations** of all equipment and devices;
4. **Quality tests** in accordance with specific standards for every item;
5. **Electrical Safety** test.

All works must be carried out in the presence of a Technical Personnel of DMH who should be thus trained on the job. Service shall be undertaken by competent and Manufacturer authorized/trained technical personnel.

For every maintenance intervention, the Contractor shall submit a Technical Service Report. All those reports/certificates will provide the documentary basis for] issuance of a certificate of full implementation of after sale service necessary to issue the Certificate of Final Acceptance and the release of Performance Security.

Maintenance contract excludes: Damage produced by earthquake, flood, tempest, lightning or natural physical disaster. A copy of the suppliers proposed maintenance service contract terms shall be included to the bid.

9. REAGENTS,CONSUMABLES AND SPARE PARTS

All equipment has to come along with consumable/reagents for the start up of the activities (3 month of full operations). Reagents must have at least six months validity from the date of commissioning of the goods and have to be possible the storing for at least 15 days without refrigeration. Where these conditions could not be met, the reagents must have a conservation period compatible with the HDM environment and transportation to Somalia.

Supplier shall ensure the availability of spare parts from the supplier or a local representative in Mogadishu/Somalia for the least 5 years after installation of the equipment. In this regard, a written legally enforceable statement shall be provided.

The contractor will be bound to provide quickly the requested reagents for laboratory equipment. Any order request for reagent's supply has to be processed within a period not exceeding 15 working days during the one year period of after-sale service.

Any delay shall be subject to penalties as established in the Special Conditions of Contract. The bidder will include in its offer a list of consumables, regents and most common spare parts with relative prices.

The mandadory consumable and spare parts indicated in the technical specifications have to be included in the price of the bid and have to be calculated per each item they refers to.

10. TRAINING BY SUPPLIER

A comprehensive training focussed on the operators assigned to the equipment shall be carried out by the contractor. The training shall aim to inculcate a continuous maintenance attitude in the operators, meaning that aside from the proper and safe use of the equipment supplied, the operators have to undertake maintenance to the equipment on a daily basis to reduce the frequency of fails.

Training is directed to the human resources actually involved in hospital activities, listed in table 3. A preliminary assessment of level of knowledge shall be carried out via questionnaire drawn up by the contractor. Training will be carried out in English language.

The training will be supervised by UNOPS Personnel and certified by Ministry of Health representatives and Hospital Management. The training will be held in the facilities of the DMH.

Training will include, at least:

1. Full Technical operation and programming of all parameters of the equipment.
2. Components of equipment.
3. Common faults on the equipment and easy troubleshooting.
4. Preventive maintenance of equipment to be carried out by the operators.
5. Preventive/corrective maintenance on behalf of specialized technicians.
6. Most common repairs.

A total duration of training should not be shorter than six **(6) working weeks**. A tentative training plan should be included in the suppliers bid. The final training plan will be defined in details at the moment of contract execution, in accordance with the partners.

The number of days indicated in each technical specification sheet shall represent the minimum number of days of training required per individual item. Items of the same typology (e.g. aspirators) can be grouped for training purposes. In this case, the number of days of training indicated per item shall represent the requirement for the entire typology/group.

HUMAN RESOURCES
Doctors
Nurses
Auxiliary
X-ray Technician
Laboratory Technicians
Pharmacist
Administrative Staff
Cleaners
Guards

- Table 3: Foreseen Human Resources -

11. TECHNICAL DOCUMENTATION

User/Technical/Maintenance manuals to be supplied in English language in two (2) copies that describe the complete equipment operations, parts, electronic circuits, programs implementation, in hard and soft copy.

Minimal requirements for *User Manual*:

- Physical Description
- Features and Functions
- Operating Instructions Operational
- Checks and Technical procedure
- Illustrations
- Performance Characteristics
- User's Preventive Maintenance

Moreover, *Technical Manual* should disclose the following issues*:*

- System Overview.
- Installation Instructions.
- Spare Parts List.
- Wiring Diagrams.
- Maintenance Plan.
- Adjustments, troubleshooting, calibrations etc.
- List of Equipment available for providing calibration and routine maintenance.
- Certificate of calibration and inspection from the Manufacturer.
- Log book with instructions for daily, weekly, monthly and quarterly maintenance checklist. The job description of the technician should be clearly spelt out.

12. MARKING (INVENTORY TAGGING)

1. All items have to be marked in a clear, visible and permanent way with the words: HOSPITAL DE MARTINO, and must include all the information as required by UNI EC 1729-1 / 2006.
2. The tag shall clearly indicate the size and colour code, name and address of the manufacturer or authorized representative, written in full or abbreviated (in case of abbreviation it has to allow the identification of the manufacturer) the date of manufacturing (year and month of production).
3. The tags will be applied on every item (where possible and with all the information at point 2) in a form of bi-dimensional (matrix) bar code known as QR code (Quick Read Code) readable by smartphone or tablet.

Part B: TECHNICAL SPECIFICATIONS

01	GENERAL EQUIPMENT
01-CAPR	CARDS PRINTING MACHINE
01-NEB	NEBULIZER FOR DISINFECTION
01-PCW	PC WORKSTATION
01-PRL	PRINTER LASER, MONOCHROME
01-UPS	UPS, 750VCA

02	MEDICAL EQUIPMENT
02-AES	ANAESTHESIA SYSTEM
02-ASE	ASPIRATORS, EMERGENCY
02-ASS	ASPIRATORS, SURGICAL
02-AST	ASPIRATORS, THORACIC
02-ASU	ASPIRATORS, UTHERINE
02-DEF	DEFIBRILLATOR AUTOMATED
02-DFH	DOPPLER, FETAL HEART DETECT
02-ECM	ELECTROCARDIOGRAPH, MULTICHANNEL, INTERPRETATIVE
02-ESU	ELECTROSURGICAL UNIT
02-LIE	LIGHTS, EXAMINATION
02-LEG	LIGHTS, GERMICIDAL
02-LIS	LIGHTS, SURGICAL
02-MBF	MONITOR, BEDSIDE, FETAL
02-MBG	MONITOR, BEDSIDE, GENERAL PURSPOSE
02-MBM	MONITOR, BEDSIDE, MODULAR
02-OXP	OXYMETER, PULSE
02-OXC	OXYGEN CONCENTRATOR
02-RU-WR	RADIOGRAPHIC SYSTEM, CHEST, GENERAL PURPOSE
02-SSUG	SCANNING SYSTEM, ULTRASONIC, GENERAL PURPOSE
02-SSUP	SCANNING SYSTEM, ULTRASONIC, PORTABLE
02-STDH	STERILIZING UNIT, DRY HEAT
02-STSB	STERILIZING UNIT, STEAM, BULK
02-STST	STERILIZING UNIT, STEAM, TABLETOP
02-SYD	SYRINGE NEEDLE DISTROYER
02-TAOG	TABLE OPERATING, GENERAL
02-TAOO	TABLE OPERATING, ORTHOPEDIC
02-VIC	VENTILATOR, INTENSIVE CARE
02-VIP	VOLUMETRIC INFUSION PUMP
02-VIPS	VOLUMETRIC INFUSION PUMP, SYRINGE
02-WAB	WARMER, BLOOD
02-WAR	WARMING UNIT, RADIANT, INFANT
02-XCRS	X-RAY COMPUTER RADIOGRAPHIC SYSTEM

03	LABORATORY EQUIPMENT
03-ANB	ANALYZER, BLOOG GAS/PH
03-ANCL	ANALYZER, CLINICAL CHEMISTRY
03-ANCO	ANALYZER, COAGULATION, WHOLE BLOOD
03-ANGL	ANALYZER, GLUCOSE, WHOLE BLOOD
03-ANHE	ANALYZER, HEMATOLOGY, AUTOMATED
03-ANHW	ANALYZER, HEMOGLOBIN, WHOLE BLOOD
03-BLM	BLOOD BAGS, BALANCE/MIXER
03-BLS	BLOOD BAGS, SEALER
03-CEC	CELL, COUNTER, DIFFERENTIAL, MANUAL
03-CEMH	CENTRIFUGE, MICROHAEMATOCRIC
03-CET	CENTRIFUGE, TABLETOP
03-GLASS	GLASSWARE & ACCESSORIES
03-MICL	MICROSCOPE, LIGHT
03-PHM	pH METER, BENCHTOP
03-PUWS	PURIFYING WATER SYSTEM
03-REF-BB	REFRIGERATOR, BLOOD BANK
03-REF-LB	REFRIGERATOR, LABORATORY, 140 L
03-SHKO	SHAKER, CUVETTE, ORBITAL
03-SHKV	SHAKER, VORTEX
03-SPEC	SPECTROPHOTOMETERS, VISIBLE
03-WATB	WATER BATH
03-WSAB	WEIGHTING SYSTEM, ANALYTICAL BALANCE

04	MEDICAL DEVICES
MDD1	AIRWAYS, NASOPHARYNGEAL SET(Adult, Child)
MDD2	AMBU BAGS, ADULT, PEDIATRIC
MDD3	BABY WEIGHTING SCALE
MDD4	CHART, EYES, VISUAL ACUITY
MDD5	DETECTOR, FETAL HEART, PHONO
MDD6	GESTOGRAM
MDD7	INFANT SCALE BEAM
MDD8	INFANT SCALE SALTER
MDD9	LARYNGOSCOPE
MDD10	MAGNIFING LENS FOR EYES
MDD11	OPTHALMOSCOPE/OTOSCOPE
MDD12	SPHIGMOMANOMETER
MDD13	STHETOSCOPE (Dual Head)
MDD14	STHETOSCOPE (One head)
MDD15	THERMOMETER
MDD16	TORNIQUETTE, MANUAL
MDD17	WEIGHT SCALE ADULT

01 - GENERAL EQUIPMENT

01-CAPR CARDS PRINTING MACHINE

Card Size: 8.5cm (length) x 5.5 cm (width) x 0.25 mm (thickness)
Stocks: All PVC, Composite PVC Cards, smart cards.
Output Hopper Capacity: 100 to 300 cards.

Card Feeder Capacity: 100 to 300 cards.

Connections: USB Cable supplied- Option for Ethernet TCP-IP.

PRINTING
Dual-sided in Full-Colour, with edge-to-edge printing.
300 dpi (minimum)

LAMINATION

Dual-Sided (Single pass)
Supported Platform: Compatible with windows 7(32 & 64 bits) and XP And APPLE.
Security Features: Hologram, Photograph, Signature, Signature Strip, Emblem, Embossing, Tipping, etc.

Mini-camera\webcam: Integrated 16 Megapixel mini-camera\webcam included.

01-NEB NEBULIZER FOR DISINFECTION

Multipurpose Aerosol Disinfector

Fully Stainless Steel with Heavy Duty Motor Assembly

Atomizing mechanism, which instantly converts liquid formalin or other disinfectant suitable fluid & water in to Aerosol Form.

Light weight & Portable.

Simple to operate.

Provided with

Automatic Timer of 0-60 or 120 Min.

Ideally Useful for: Operation Theatre, Pharm. Industries, Maternity Homes, etc.

01-PCW PC WORKSTATION

PERSONAL COMPUTER

APPLE™ IMac (preferred) or Personal computer with licensed operating system and last Updates with Arabic support.
Equipped with MS Office or Open Office.

- Intel P4 Processor, 3.6 GHz, 2 MB L2 Cash, 800 MHz
- 1GB, 400 DDR SDRAM.
- 500 GB HDD.
- Graphic card with 128MB DDR-RAM, PCI-X.
- WiFi, Bluetooth connectivity.
- CD RW / DVD
- Optical wheel mouse.
- Standard keyboard.
- Monitor 15" LCD TFT Monitor.
- Maximum resolution 1024X768.

01-PRL PRINTER LASER, MONOCHROME

A4 Laser Printer

This Printer will be used for printing reports and documents and should be configured to be used from all the available workstations in the same location

Major features:

		• Desktop laser printer. • Print Speed up to 20 pages/minute. • Resolution: 1200 x 1200 dpi. • Toner and energy safe mode. • Inbuilt True Type Fonts. • At least 16 MB, user expandable. • Paper types: Letter, Legal, A4, Envelops, Labels and transparencies. • 1 standard 500 sheet multipurpose cassette. • Connect to PC through USB Ports or BT or Wi-Fi • Compatible with Windows and Apple Systems.
01-UPS	**UPS, 750 VCA**	
		UPS System for Power Supply of pc workstations OUTPUT POWE CAPACITY: 500VA NOMINAL OUTPUT VOLTAGE: 230V OUTPUT FREQUENCY:47-53 Hz TOPOLOGY: Line interactive WAVEFORM TYPE: Sine wave INPUT VOLTAGE: 230V INPUT FREQUENCY: 50/6- Hz INPUT CONNECTION: IEC 320 C14 Inlet BATTERY TYPE: Maintenance Free RECHARGE TIME: 3Hr INTERFACE PORT: USB, DB-9, RS-232 CONTROL PANEL: Led Status Display AUDIBLE ALARM: Yes, when on battery, battery low

04 - MEDICAL DEVICES

MDD 1	**AIRWAYS, NASOPHARYNGEAL SET (Adult, Child)**	
		Semi-rigid
		Soft rubber
		Hard plastic insert
		Sterilisable
		Sizes:
		Infant (53-55mm)
		Child (62-69mm)
		Adolescent (67-86mm)
		Adult (82-96mm)
MDD 2	**AMBU BAGS, ADULT, PEDIATRIC**	
		Bag:
		Hand operated
		Self-inflating
		Black rubber
		Inlet Valve: Patient Non-Return valve connector for oxygen or anaesthetic gases
		Anaesthesia Masks: Transparent plastic, Dome, latex cuff-moulded shell, sterilisable. Sizes:
		Infant (Qt. 2)
		Child (Qt. 5)
		Adult (Qt. 9)
		Carrying case included
MDD 3	**BABY WEIGHTING SCALE**	
		Spring scale to weight newborns
		Colour-coded Birth weight indicator
		Scale (accurate within 100g)
		Hand held
		Sling cotton
		Square shaped, 80 x 80cm
		Spare: slings
MDD 4	**CHART, EYES, VISUAL ACUITY**	
		Chart with letters of alphabet for the literate and E chart for the illiterate. Washable vinyl plastic card
		Marked both in feet and metres
		Approx. 28 x 54cm
		Eyelet on top for hanging up

MDD 5	**DETECTOR, FETAL HEART, PHONO**	
		Aluminium, plastic or wood Mono-aural Dimensions approx. 15cm
MDD 6	**GESTOGRAM**	
		Plastic disk Approx. 24cm diameter, Graded in days First foetal movement indicated at the 20th week With instructions printed on both sides
MDD 7	**INFANT SCALE BEAM**	
		Metric, double beam (sliding scale) Weighing range 0-16kg x 10g Shallow tray Table top model (basin type)
MDD 8	**INFANT SCALE SALTER**	
		Portable, spring, hanging type, Capacity 25kg, Markings 500g 100g graduations Supplied with trousers and slings Spare: slings and Trouser
MDD 9	**LARYNGOSCOPE**	
		To expose and view larynx and its surrounding structures, necessary for successful intubation through epiglottis or other procedures. For Adult and Paediatric Use: anaesthesia/resuscitation. HANDLE: Stainless steel or chromium platted, slightly rigged, Handle type C, diameter 28 mm, for battery LR14 LIGHT: battery in the handle + Xenon lamp SPATULA/BLADE: McIntosh type (slightly curved blade with a small bulbous end tip fixed to handle with a hook on system) Removable Bulb SIZE: (qt 3 per size) Size 0: length/blade: 55 mm, newborn Size 1: length/blade: 70 mm, baby Size 2: length/blade: 90 mm, child Size 3: length/blade: 110 mm, adult small Size 4: length/blade: 130 mm, adult large Packaging: Solid protective case To be supplied with: 2 batteries; dry cell, alkaline, LR14 2 spare bulb; 1 spare bulb if fiber optics

MDD 10 MAGNIFING LENS FOR EYES	
	Handheld Aluminium body Two plano convex lens Magnifications either X8 or X10, diameter 1.7cm Glass protected
MDD 11 OPTHALMOSCOPE/OTOSCOPE	
	Handle with 2 x R6 batteries Head with halogen/Led bulb 2.5V Chromed Steel Protective case Earpieces (speculae) removable Sterilisable set of different size (2.5–5) Spare: 1.5V, type AA 2.5V Bulbs halogen/Led
MDD 12 SPHIGMOMANOMETER	
	Mercury or aneroid Complete with washable cloth cuffs With velcro fastenings Hand inflation bulb and valve Carrying case Cuff sizes: Adult: 57 x 14.5cm Child: 53 x 10.5cm Spare: bulbs, cuffs, tubing, valves
MDD 13 STHETOSCOPE (one head)	
	One head (cup), Aluminium or Stainless Steel chrome-plated brass With 43mm diaphragm (adult) and ring Y vinyl tube Stainless Steel Springy arms Changeable plastic ear pieces Supplied with Spare diaphragms and earpiece
MDD 14 STHETOSCOPE (Dual Head)	
	Dual head (cups), Pivoting Aluminium or Stainless Steel chrome-plated brass 1 adult (43mm) and 1 paediatric (28mm) diaphragm Y vinyl tube Stainless Steel springy arms Changeable plastic earpiece Supplied with spare diaphragms, earpiece
MDD 15 THERMOMETER	
	Clinical Use Suitable for oral, rectal or axillary (under the arm) use Mercury Graduation scale in °C (35-45°C) and °F (94-113°F)

MDD 16 TORNIQUETTE, MANUAL

Adult tourniquet: Vein built-up for injections, fine adjustment of built-up pressure,
Made of latex / cotton
Autoclavable till 120°C
All parts disinfectant resistant

Children's tourniquet: vein built-up for injections, fine adjustment of built-up pressure,
Made of latex / cotton
Autoclavable till 120°C
All parts disinfectant resistant

MDD 17 WEIGHT SCALE ADULT

Scale, sliding beam type
Weighting range 0-150kg in 100g divisions
Metric graduation
Height measure rod
Measuring range 80-200cm in divisions of 1mm

MDD 18 PERSONAL PROTECTION DEVICE

Eye Protection, Lead Glasses: Leaded PMMA glasses made of a materials suitable for protection against ionizing radiation (Quantity 5)

Body Protection:
Protective Lead Gown (Quantity 5)
Leaded Neck Protector (Quantity 5)
Special Gowns for Laboratory (Quantity 3)

Eyeshield Single lens, moulded plastic frame with side shields (qt 5)

Faceshields, Large lens with frame, adjustable head harness, capable to be worn with prescription glasses (qt 5)

Goggles Glasses, one lenses, flexible plastic frame, elastic headband, all angles eyes protection, rim in contact with face, ventilated, (qt 5)

Clogs:
Plastic clogs Crocs™ type, made of a material suitable for protection against biohazard
(Quantity: 30 pairs, various measures and colours)

Gloves:
Latex disposable Gloves, Sterile
(Quantity 5 packs, 100 pcs)
Latex disposable Gloves, Non Sterile (Quantity 5 packs, 100 pcs)

02 – MEDICAL EQUIPMENT

02-AES

ANAESTHESIA SYSTEM

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Anaesthesia system to provide controlled concentration of inhalation anaesthetic agents in air /oxygen mixture into a patient breathing system; for general anaesthesia purpose. The anaesthesia system has to be configured with an oxygen concentrator, oxygen pressure regulator, oxygen and air flow meters, a draw over vaporizer, a ventilator (compatible with ether), patient circuits, oxygen reservoir bag, oxygen pressure regulators with bull-noised connections and a humidifier. The system has to be used with or without electrical power and with or without oxygen cylinder
2	**UMDNS**	10-134
3	**CE MARKED**	Yes
4	**FLOWMETER**	
5	**Oxygen from concentrator, l/m**	8
6	**Oxygen from other source, l/m.**	10
7	**Air from concentrator, l/m**	8
8	**Accuracy of flowmeters, %**	± 2,5
9	**VENTILATOR**	
10	**Pneumatically driven**	YES
11	**Electrically controlled**	YES
12	**Manual ventilation capability**	YES, upper arm of ventilator.
13	**Compatible with flammable anaesthetic agent**	YES
14	**Pressure relief valve, cm H2O**	60
15	**Minute volume range, L/min**	1.5 – 24
16	**Tidal Volume, ml**	100 -1200
17	**Ventilation Rate, BPM**	5-35
18	**I:E ratio**	1:2
19	**Pressure control range, cmH2O**	10 – 50
20	**ON/OFF switch**	Yes
21	**ALARMS**	
22	**High pressure**	Yes
23	**Low pressure**	Yes
24	**Battery low**	Yes
25	**ANESTHESIA DELIVERY SYSTEM**	
26	**Holotane Vaporizer**	Vaporizer of 50 ml liquid capacity, with Flow resistance < 1 cm H2O @ 40 l/min, complete with Connectors Iso 23 mm taper female, ISO 22 taper male
27	**Ether Inhaler (E.M.O.)**	Simple ether inhaler, made of steel, robust construction, easy maintenance and simple regulations (QUANTITY 1)
28	**MOUNTING**	On trolley.
29	**STANDARD ACCESSORIES**	

02-AES

30	**O2 tube, qt**	1
31	**Air tube, qt**	1
32	**Power Supply cable 220V/ UK, qt**	1
33	**Silicone patient circuit, adults, qt**	1
34	**Antibacterial filter, qt**	1
35	**HUMIDIFIER W/ACCESSORIES**	
36	**Water column, qt**	1
37	**Temperature probe, qt**	1
38	**Kit of adults hoses for humidifier, qt**	1
39	**Kit of paediatric hoses for humidifier, qt**	1
40	**Silicone resuscitation paediatric patient circuit:**	
41	**Silicone corrugated tube L=60 D=15**	4
42	**Y connector, qt**	1
43	**Water trap, paediatric, qt**	2
44	**Mask connector with connecting tube, qt**	1
45	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
46	**WARRANTY (MANIFACTURER)**	12 months
47	**SERVICE AND MAINTENANCE**	
48	**Mandatory intervention per year**	3
49	**Spare parts availability**	For 5 years minimum.
50	**TRAINING**	
51	**Duration, Days**	3
52	**Target groups**	Technician, Medical Doctor, Nurses

02-ASE

ASPIRATORS, EMERGENCY

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Portable emergency aspirators for removing obstructing secretions, blood, or vomitus from a patient's airway and keep air passages to the lungs open and to allow spontaneous or mechanical ventilation. Suctioning can be either oropharyngeal (to prepare for emergency intubation or to remove secretions from the upper airway above the glottis) or tracheal (to remove secretions and to maintain the airway of an intubated patient)
2	**UMDNS**	15-016
3	**CE MARK (MDD)**	Yes
4	**OROPHARYNGEAL USE**	
5	**Prehospital (EMS)**	Yes
6	**Intrahospital (crash carts)**	Yes
7	**TRACHEAL USE**	
8	**Prehospital (EMS)**	Yes
9	**Intrahospital (crash carts)**	Yes
10	**PUMP TYPE**	Diaphragm
11	**COLLECTION CANISTER**	
12	**Type**	Disposable or Reusable
13	**Capacity measured, cc**	1,000
14	**Graduations**	Yes
15	**Connector labels**	Yes
16	**FILTER TYPE**	Bacterial, hydrophobic
17	**TUBING**	
18	**Internal diameter, mm (in)**	8 (0.31)
19	**Length, m (ft)**	1.8 (5.9)
20	**VACUUM**	
21	**Range, mm Hg**	0 to 560
22	**Flow rate at max vacuum, L/min**	16
23	**VACUUM-LEVEL CONTROL**	Regulator
24	**VACUUM GAUGE**	Yes
25	**Diameter, cm**	4
26	**Scale, mm Hg**	0 to 650
27	**BATTERY**	
28	**Type**	Ni-Cd
29	**Life, min**	50
30	**Recharge time, hr**	2
31	**Low-battery signal**	Yes
32	**CHARGER**	Integral
33	**Line power, VAC**	110/240, 50/60 Hz
34	**Indicator, battery charging**	Yes
35	**Indicator, battery fully charged**	Yes
36	**Weight, kg (lb)**	5.5 (12.1)

02-ASE

37	**ACCESSORIES**	Tubing, canister, suction tip, bottles, recharger, filter
38	**OTHER SPECIFICATIONS**	Handle for transport; autoclavable collection canister includes safety valve.
39	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
40	**WARRANTY (MANIFACTURER)**	12 months
41	**SERVICE AND MAINTENANCE**	
42	**Mandatory intervention per year**	3
43	**Spare parts availability**	For 5 years minimum.
44	**TRAINING**	
45	**Duration, Days**	0,5
46	**Target groups**	Technician, Medical Doctor, Nurses

02-ASS

ASPIRATORS, SURGICAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Surgical aspirator to be used in the operation theatres, easily transportable from one hospital ward to another. To be used for aspirating body fluids such as, for example, mucus, catarrh or blood. With wheels and handle, with pedal control for aspirating. Made of highly heat-resistant, electrically insulated plastic material. Supplied with 2 polycarbonate 4-litre autoclavable jar complete with overflow valve and graduation in liter units.
2	**UMDNS**	10-217
3	**CE MARK (MDD)**	Yes
4	**MOTOR TYPE**	Piston pump
5	**VACUUM MAX, bar**	-0,90
6	**ASPIRATION FLOW, l/min**	80
7	**VACUUM REGULATION**	Rotating gauge on the front panel
8	**VACCUM DISPLAY**	Manometer in kPa, mmHg
9	**ASPIRATORS FLOW REGULATION**	YES
10	**COLLECTION SYSTEM**	
11	**Container**	Polycarbonate Jar
12	**Number**	2
13	**Capacity, L**	4
14	**Overflow protection**	Yes
15	**Autoclavable**	Yes
16	**ANTISTATIC WHEELS WITH BRAKES**	YES
17	**POWER SUPPLY**	230v ~ 50 Hz
18	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
19	**WARRANTY (MANIFACTURER)**	12 months
20	**SERVICE AND MAINTENANCE**	
21	**Mandatory intervention per year**	3
22	**Spare parts availability**	For 5 years minimum.
23	**TRAINING**	
24	**Duration, Days**	0,5
25	**Target groups**	Technician, Medical Doctor, Nurses
26	**ACCESSORIES**	
27	**Jar set**	1

02-AST

ASPIRATORS, THORACIC

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Thoracic aspirators to provide suction to evacuate body fluids, blood and/or air that can accumulate between the lung and chest wall (pleural space) following thoracic surgery, penetrating chest wounds, barotrauma, or tracheal or bronchial rupture or as a result of disease or congenital defects. Capable of drainage into a single collection bottle, without suction.
2	**UMDNS**	10-218
3	**CE MARK (MDD)**	Yes
4	**PUMP TYPE**	Oilless diaphragm
5	**VACUUM SYSTEM**	
6	**Pressure range, cm H2O**	> 50
7	**Indicator type**	Gauge, manometer
8	**Safety cutoff pressure, cm H2O**	Yes
9	**Airflow, L/min**	30
10	**COLLECTION SYSTEM**	
11	**Container**	Polycarbonate Jar
12	**Number**	2
13	**Capacity, L**	4
14	**Overflow protection**	Yes
15	**Autoclavable**	Yes
16	**TUBING**	
17	**Number of inlets**	2
18	**Length, m (ft)**	1 (3.2)
19	**CASE MATERIAL**	ABS
20	**LINE POWER, VAC , Hz**	230v ~ 50 Hz
21	**ACCESSORIES**	
22	**Antibacterial/Hidrophobic filter set**	10
23	**Spare Jar set**	2
24	**WARRANTY**	12 months warranty period
25	**AFTERSALE SERVICE**	
26	**Mandatory intervention per year.**	2
27	**Spare parts availability**	5 years minimum
28	**TRAINING**	
29	**Duration, Days**	0,5
30	**Target groups**	Technician, Medical Doctor, Nurses

02-ASU

ASPIRATORS, UTHERINE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Uterine aspirators providing constant high-vacuum suction (at least 400 mm Hg) and high flow, through a fine curet to evacuate fluid and tissue from the uterus. Uterine aspiration to be used primarily for dilation and evacuation (D & E) therapy for terminating early pregnancies (up to 12 weeks), treatment of incomplete spontaneous abortions, and removal of retained afterbirth. Aspiration to be also used in diagnostic dilation and curettage (D & C) procedures in hospitals and in endometrial biopsy procedures.
2	**UMDNS**	10-222
3	**CE MARK (MDD)**	Yes
4	**CONFIGURATION**	Mobile
5	**SUCTION SYSTEM TYPE**	Diaphragm pump, piston type/ Double Diaphram pump
6	**VACUUM RANGE, mm Hg**	0-600
7	**Flow, L/min**	> 30
8	**Gauge, units**	mmHg
9	**Regulating valve**	Yes
10	**TUBING**	
11	**Internal diameter, mm (in)**	8 (0.31)
12	**Length, m (ft)**	2 (6.6)
13	**CURETS TYPE**	
14	**Material**	Plastic
15	**Rigid, Shape**	Curved, straight
16	**Rigid, Length, cm (in)**	24 (9.5)
17	**Rigid, Outer diameter, mm**	4, 12
18	**Rigid, Shaft design**	Curved, Straight
19	**Flexible, Shape**	F-tip design
20	**Flexible, Length, cm (in)**	2 (9.4)
21	**Flexible, Outer diameter, mm**	4 (12)
22	**COLLECTION BOTTLE(S)**	
23	**Number**	2
24	**Capacity, mL**	2.000 (2 l)
25	**Trap bottle, mL**	155
26	**Overflow protection**	Yes, hydrophobic filter or security valve
27	**Disposable bottles**	Yes
28	**ACCESSORIES**	
29	**Antibacterial/Hidrophobic filter set**	10
30	**Spare Jar set**	2
31	**LINE POWER, VAC**	230v ~ 50 Hz
32	**OTHER SPECIFICATIONS**	Protection from fluid spill; easy cleaning and disinfecting methods
33	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
34	**WARRANTY**	12 months warranty period
35	**AFTERSALE SERVICE**	

02-ASU

36	**Mandatory intervention per year.**	2
37	**Spare parts availability**	5 years minimum
38	**TRAINING**	
39	**Duration, Days**	0,5
40	**Target groups**	Technician, Medical Doctor, Nurses

02-DEF

DEFIBRILLATOR AUTOMATED

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Low energy, automated, biphasic defibrillator with display and recorder intended to restore normal sinusal rhythm and contractile function in patients who are experiencing ventricular fibrillation (VF) or ventricular tachycardia (VT) that is not accompanied by a palpable pulse. Complete with algorithm to analyse the ECG rhythm to determine whether defibrillation is necessary.
2	**CE Mark**	Yes
3	**UMDNS**	18-500
4	**DEFIBRILLATOR**	
5	**Type**	Automatic (AED)
6	**Manual Override**	Yes
7	**Discharge form**	Pads and Paddles
8	**Voice Prompting**	Preferred
9	**Energy Sequence, AED Mode, J**	>150
10	**Energy Settings, Manual mode, J**	>150
11	**Protocol Configured**	Yes
12	**Output waveshape**	Biphasic
13	**Disharge Activation**	Form Paddle and from device
14	**Compensate for body impedance**	In the range of 25 to 150 ohms.
15	**Synchronized cardio version.**	Yes
16	**Shock to Shock, sec**	< 15
17	**MONITOR**	
18	**Ecg Acquisition**	Defib Electrods/Pads
19	**Monitor with ECG**	Yes
20	**ECG Dysplay**	High-resolution backlit LCD
21	**Heart Rate Display**	Yes
22	**ELECTRODES**	
23	**Conducive Area, cm2**	> 50
24	**Shelf Life, Years**	>1
25	**ANALYSIS**	
26	**Auto or Manual**	Automatic
27	**Segment Analysis**	Continuous
28	**Analysis Time, sec**	<15
29	**V Tach rate threshold, bpm**	Any, adjustable by User
30	**VF Amplitude Threshold, mV**	Any, adjustable by User
31	**SELF TEST**	
32	**Frequency**	daily, weekly, montly
33	**Energy Level, J**	Partial (weekly), full (monthly)
34	**ALARMS**	
35	**Acoustic signal over QRS**	Yes
36	**Acoustic signal during charging**	Yes

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37	**Battery Low**	Yes
38	**Paddles contact indicator.**	Yes
39	**Alarms for high and low heart rate**	Yes
40	**Shock to Shock, sec**	< 15
41	**DOCUMENTATION**	
42	**Chart recorder**	Yes
43	**ECG/voice recording**	Yes
44	**DATA STORAGE**	
45	**Solid State Memory**	Internal
46	**Information Stored**	ECG, Shock
47	**Capacity, min**	> 15
48	**BATTERY TYPE**	
49	**Integral/removable**	Removable
50	**Charging method**	Non rechargeble preferred
51	**Operating Time**	up to 250 shocks
52	**AC POWER**	230v ~ 50 Hz
53	**ACCESSORIES**	
54	**Adult / Pediatric paddle**	1 pair
55	**3 Lead ECG Cable**	1
56	**Adult pacing pad**	1 box of 10 Nos.
57	**A/C 240V 50 Hz Charger**	1
58	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
59	**WARRANTY**	12 months warranty period
60	**AFTERSALE SERVICE**	
61	**Mandatory intervention per year**	3
62	**Spare parts availability**	5 years minimum
63	**TRAINING**	
64	**Duration, Days**	1
65	**Target groups**	Technician, Medical Doctor, Nurses

02-DFH

DOPPLER, FETAL HEART DETECTOR

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Foetal heart detector, to be used throughout pregnancy and labour. For maternity or health centres for antenatal care activities, employed by trained staff. Amplifies foetal heart sounds through a built-in loudspeaker and uses ultrasound to detect the foetal heart rate from as early as 9 to 10 weeks gestation right through to delivery. LCD screen shall show foetal heart rate in beats per minute along with a heart symbol that flashes with each detected foetal heart beat. Pocket obstetric doppler models
2	**UMDNS**	11- 696
3	**CE MARK (MDD)**	Yes
4	**TYPE/CONFIGURATION**	Hand-held
5	**CONSTRUCTION**	ABS polycarbonate
6	**APPLICATIONS**	Detect fetal life, fetal heartbeat; display FHR
7	**FHR RANGE, bpm**	60-210
8	**PROBE**	
9	**Frequency, MHz**	2-3
10	**Output, mW/cm2**	< 10
11	**Diameter, mm**	20 - 35
12	**OUTPUTS**	
13	**Speaker**	Yes
14	**Headphones**	Yes
15	**Chart recorder**	RS232
16	**Display**	LCD / LED
17	**Display variables**	Fetal pulse, FHR
18	**Extra output jacks**	RS232 / USB
19	**CONTROLS**	Power On/Off, Volume
20	**POWER REQUIREMENTS**	
21	**Line, VAC**	230v ~ 50 Hz
22	**Battery, type (number)**	Any, rechargable
23	**Operating time, hr**	> 8
24	**Charger included**	Yes
25	**Low-battery indicator**	Yes
26	**STANDARD ACCESSORIES**	Soft carry bag, attached probe, gel, user module
27	**Headset**	Yes
28	**OTHER SPECIFICATIONS**	Auto-off battery saver.
29	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
30	**WARRANTY**	12 months warranty period
31	**AFTERSALE SERVICE**	
32	**Mandatory intervention per year**	2
33	**Spare parts availability**	5 years minimum
34	**TRAINING**	
35	**Duration, Days**	**1**

02-DFH

36	**Target groups**	Technician, Medical Doctor, Nurses

02-ECM

ELECTROCARDIOGRAPH, MULTICHANNEL, INTERPRETATIVE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTIONS**	Multichannel Electrocardiographic unit with 12 leads, interpretative. Digital filter to avoid baseline drifting and interfering from AC.
2	**UMDNS**	16-231
3	**CE MARKED**	Yes
4	**GENERAL**	
5	**Leads**	12 (I, II, III, AVR, AVL, AVF, V1, V2, V3, V4, V5, V6)
6	**Sweep Speed**	5, 25, 50 mm/s
7	**Sensitivity**	5, 10, 20 mm/mV
8	**CMRR**	> 100 dB
9	**Lead input impedance**	> 2,5 MW @ 10 Hz
10	**Frequency working band**	0.05 ÷ 150 Hz (-3 dB)
11	**Leads selection**	Manual and automatic
12	**Filters**	50 e 60 Hz for from AC; 25 e 35 Hz for EMG; 0.05, 0.15 e 0.30 Hz baseline
13	**Alphanumeric Keyboard**	Yes
14	**DISPLAY**	In built, LCD with minimum 6 waveforms
15	**PRINTER**	
16	**Type**	in built Thermal printer
17	**Printer speed**	5, 10, 25, 50 mm/s
18	**Selectable printing format**	Standard 3 leads, rhythm lead, 3/2 leads, manual 1 lead
19	**Memory**	up to a 100 patient data in digital format
20	**Communication**	Serial Port, USB port, modem, LAN
21	**POWER SUPPLY**	230v ~ 50 Hz
22	**MANDATORY ACCESSORIES**	
23	**Patient cables for disposable electrodes,**	3
24	**Disposable electrodes packs**	3 packs (500 pz each) with conducive gel
25	**Thermal paper for printer**	3 packs 10 rolls each
26	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
27	**WARRANTY (MANIFACTURER)**	12 months
28	**SERVICE AND MAINTENANCE**	
29	**Mandatory intervention per year**	3
30	**Spare parts availability**	for 5 years minimum.
31	**TRAINING**	
32	**Duration, Days**	1
33	**Target groups**	Technician, Medical Doctor, Nurses

02-ESU

ELECTROSURGICAL UNIT

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Diathermy machine for General purpose, monopolar and bipolar. Solid State Generator. Different operating modes. With both hand switch and footswitch, both visual and audible activation indicator and adjustable volume.
2	**UMDNS**	18-231
3	**CE MARK**	Yes
4	**CONFIGURATION**	Stand alone complete on Trolley.
5	**GENERATOR TYPE**	Solid-state
6	**WORKING FREQUENCY**	300 kHz 1000 kHz
7	**COOLING**	Convention, fan
8	**PROTECTIVE CIRCUIT**	Return Electrode Contact Quality Monitor (RECQM)
9	**INDIPENDENDENT OUTPUT**	Yes
10	**OUTPUTS**	
11	**Monopolar**	Yes, Isolated
12	**Hand switch**	Yes
13	**Footswitch**	Yes
14	**Bipolar**	Yes
15	**MODES, MONOPOLAR**	
16	**Cut, Maximum Watt at rated Ω**	400
17	**Coagulate, Maximum Watt at rated Ω**	150
18	**Adjustable power limit**	Yes
19	**Automatic power regulation**	Yes, in soft coagulation
20	**MODES, BIPOLAR**	
21	**Coagulate, Maximum Watt at rated Ω**	150
22	**Adjustable power limit**	Yes
23	**CONTROL & ALARMS**	
24	**Audible alarms > 45 dB @ 1 m**	Yes
25	**Patient-voltage**	Yes
26	**Patient-ground**	Yes
27	**Patient-plate**	Yes
28	**Plate attachment**	Yes
29	**Inner check for the actual power delivered to the patient**	Yes
30	**Auto-test at Turning on**	Yes
31	**POWER REQUIREMENTS**	230v ~ 50 Hz
32	**STANDARD ACCESSORIES**	
33	**Power cable with UK type plug 5m**	1
34	**Reusable cable for Neutral electrode**	1
35	**Disposable Blade electrode, short**	50
36	**Disposable Blade electrode, long**	50

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37	**Disposable Spherical electrode , short**	50
38	**Disposable needle electrode , short**	50
39	**Disposable Neutral Electrode**	50
40	**Reusable handle with commands**	3
41	**Footswitch IP1X liquid protected, drip proof**	1
42	**Clean electrode sponge**	10
43	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
44	**WARRANTY**	12 months warranty period
45	**AFTERSALE SERVICE**	
46	**Mandatory intervention per year.**	Minimum of 3
47	**Spare parts availability**	5 years minimum
48	**TRAINING**	
49	**Duration, Days**	1
50	**Target groups**	Technician, Medical Doctor, Nurses

02-LEG

LIGHTS, GERMICIDAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Germicidal lamp that produces ultraviolet light (UVC) to kill of bacteria on exposed surfaces and keep the contamination level under standard control. Wall mounted, to be used in surgical theatres.
2	**UMDNS**	12-284
4	**CE MARKED**	Yes
5	**CONFIGURATION**	Ceiling mounted, compact, hygienic and pollution free
6	**LIGHT SOURCE**	
7	**Type**	Ultraviolet short wave
8	**UV emission peak wavelenght, nm**	254
9	**UVC intensity of emission at 100cm**	1,5 W/m2
10	**Germicidal effect**	Bacteria, spores, moulds, yeasts
11	**Nominal power of the UV lamp, W**	30
12	**Lamp service life, hours**	8000
13	**DECONTAMINATION AIR VOLUME, m³**	40-75
14	**DECONTAMINATION CAPACITY, %**	99
15	**POWER REQUIREMENTS**	
16	**Voltage**	230v ~ 50 Hz
17	**CASE**	Stainless steel
18	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
19	**WARRANTY**	12 months warranty period
20	**AFTERSALE SERVICE**	
21	**Mandatory intervention per year.**	Minimum of 3
22	**Spare parts availability**	5 years minimum
23	**DELIVERY AND INSTALLATION**	The installation would include infrastructure adjustments of the rooms.
24	**TRAINING**	
25	**Duration, Days**	0,5
26	**Target groups**	Technician, Nurses

02-LIE

LIGHTS, EXAMINATION

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	LED light suitable for examination procedures in hospital ambulatories and intervention areas. Stable positioning, mounting on rail or wall
2	**UMDNS**	12-276
3	**CE MARKED**	Yes
4	**ARM**	Flexible neck (goose – neck)
5	**JOINTS**	Dust Proof
6	**MATERIAL**	Stand stainless steel or equivalent,
7	**MOUNTING**	Wall or rail
8	**LIGHT SOURCE**	LED
9	**LUX @ 0.5m**	6,400
10	**COLOR TEMPERATURE**	4,000°K
11	**EXPECTED BULB LIFE**	30,000 hours
12	**POWER SUPPLY**	230v ~ 50 Hz
13	**ACCESSORIES**	
14	**AC Powerchord with UK type plug**	1
15	**Spare Bulb**	2
16	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
17	**WARRANTY**	12 months warranty period
18	**AFTERSALE SERVICE**	
19	**Mandatory intervention per year.**	Minimum of 1
20	**Spare parts availability**	5 years minimum
21	**TRAINING**	
22	**Duration, Days**	0,5
23	**Target groups**	Technician, Nurses

02-LIS

LIGHTS, SURGICAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Led surgical lamp able to guarantee an optimal light quality, a natural colour temperature, a deep and homogeneous illumination of the operative field and the elimination of the warming effects due to the infrared radiation. The light intensity has to emulate the daily light allowing a perfect vision of the operative area and an optimal resolution of borders and movements. The colour temperature has to correspond to a white and natural light. The shadows effect has to be eliminated by a system of prismatic facets in the lamp body. The warming of tissue and the body and head of the surgeon has to be eliminated by using light emitting diode technology. The surgical lamp has to be ceiling mounted, and the mobility will be wide both in translation and rotation thanks to an articulated arm equipped with in-built automatic magnetic brakes that keep the lamp in place.
2	**UMDNS**	21-282
3	**CE MARKED**	Yes
4	**GENERAL**	
5	**N. of Light Heads**	2 (main head and 1 satellite)
6	**Lamp type**	Light Emitting Diode
7	**Lamp lifetime**	> 50.000 hr
8	**Colour temperature**	4000 ÷ 5.500 K
9	**Colour reproduction Index (CRI)**	> 95
10	**Heating**	cold light using LED technology
11	**Illumination Intensity (@ 1 m)**	> 150 klux, self-limited
12	**Head with handle**	Yes
13	**FIELD**	
14	**Diameter**	20-35 cm (adjustable) @ 1m
15	**Depth**	> 90 - 130 cm
16	**MOVEMENTS**	
17	**Rotation of head**	> 360°
18	**Horizontal and Vertical movement**	wide in range
19	**Breaks**	Magnetic
20	**OTHERS**	
21	**Protection Class**	B
22	**Liquid protection**	IP53
23	**Spare parts**	1 set of spare LED
24	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
25	**WARRANTY**	12 months warranty period
26	**AFTERSALE SERVICE**	
27	**Mandatory intervention per year.**	Minimum of 3
28	**Spare parts availability**	5 years minimum
29	**DELIVERY AND INSTALLATION**	The installation would include infrastructure adjustments of the rooms.
30	**TRAINING**	
31	**Duration, Days**	1
32	**Target groups**	Technician, Medical Doctor, Nurses

02-MBF

MONITOR, BEDSIDE, FETAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Antepartum and intrapartum electronic fetal monitors that detect, display, and print a record of fetal heart rate (FHR). Electrocardiography monitoring capabilities and external and internal uterine activity (UA) monitoring.
2	**UMDNS**	18-340
3	**CE MARK (MDD)**	Yes
4	**ANTEPARTUM/INTRAPARTUM**	Antepartum and Intrapartum (optional)
5	**ULTRASOUND**	
6	**Type/frequency, MHz**	Pulsed Doppler/Ultrasound frequency: 1 MHz
7	**Intensity, mW/cm2**	<10
8	**Special processing**	Autocorrelation
9	**FHR range, bpm**	50-240
10	**Fetal ECG/SpO2**	Optional/no
11	**FHR range, bpm**	50-240
12	**Uterine activity**	Yes
13	**External/internal**	Yes/yes
14	**Reference/zero controls**	One-touch switch
15	**MHR/FHR**	Single only
16	**Multiple FHR**	No
17	**Maternal ECG/NIBP/SpO2**	No/no/no
18	**OUTPUT SIGNALS**	
19	**Analog**	HR/UA
20	**Digital**	No
21	**Calibration, FHR/UA**	Yes/yes
22	**Integral signal simulation**	Yes
23	**Computer interface**	RS-232C
24	**Telemetry features**	Wireless central monitoring up to 8 beds (optional)
25	**DISPLAY FEATURES**	
26	**Digital FHR**	Yes
27	**Number of displays**	1; 4.7" STN color LCD (320 x 240)
28	**Digital UA**	Yes
29	**ALARMS**	
30	**Audible/visual**	Not specified
31	**High/low FHR**	Yes
32	**Other alarms**	None
33	**RECORDER**	Thermal array
34	**Channels**	1
35	**Paper speed, cm/min**	50
36	**Vertical scale, bpm/cm**	Yes
37	**Record height**	

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38	**Event marker**	Yes
39	**Annotations**	Yes
40	**Remote recording**	No
41	**Record storage**	
42	**Number of hr**	NA
43	**LINE POWER, VAC**	100-240 VAC, 50-60 Hz, 1.2 A
44	**BATTERY, TYPE**	Optional, Ni-MH 12 V - 2600 mA
45	**Operating time, hr**	2
46	**Rechargeable**	Yes
47	**Recharge time, hr**	Not specified
48	**Low-battery indicator**	Yes
49	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
50	**WARRANTY**	12 months warranty period
51	**AFTERSALE SERVICE**	
52	**Mandatory intervention per year.**	3
53	**Spare parts availability**	5 years minimum
54	**TRAINING**	
55	**Duration, Days**	2
56	**Target groups**	Technician, Medical Doctor, Nurses

02-MBG

MONITOR, BEDSIDE, GENERAL PURPOSE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Portable non Invasive Blood Pressure (NIBP) monitor for continuous monitoring of patient systolic (SYS), diastolic (DIA) and mean pressure (MAP), pulse rate, blood saturation (SpO2), and temperature (TEMP). The device is intended to be used in ICU and Operation Theatres and has to provide accurate measurements on patients ranging from neonate to adult.The device has to be complete with cuffs for NIBP, sensors for SpO2 and probes with covers for temperatures (oral and rectal). The device has to warn for out of range parameters (NIBP, TEMP and SpO2) thanks to both visible and acoustic alarms with adjustable limits. With in built NiCd batteries that guarantees a minimum of 6 hours uninterrupted functioning
2	**UMDNS**	21-172
3	**CE Marked**	Yes
4	**NIBP MODULE**	
5	**Method**	Oscillometric
6	**Measurement Range, mmHg**	Adult: 10 - 250; Neonate: 0 - 150
7	**Accuracy, mmHg**	Mean error ≤ ± 5, std_dev ≤ 8 (AAMI SP10-1992)
8	**Measurement Units**	mmHg
9	**Measurement Types**	SYS, MAP, DIA
10	**Operating Mode**	automatic/manual
11	**Cuff Pressure Accuracy, mmHg**	± 3 or 2% (whichever is greater)
12	**Calibration**	Factory Calibrated
13	**SpO2 MODULE**	
14	**Range, %**	*0 to 100%*
15	**Accuracy, %**	*≤ ±2 in the rage of 70% to 100%*
16	**Sensor type**	reusable finger – sensor
17	**Pulse Tone and volume:**	Pitch proportional to SpO2 Value. Volume adjustable or OFF
18	**Calibration**	Factory Calibrated
19	**PULSE RATE MODULE**	
20	**Range, bpm**	30 to 254
21	**Accuracy, %**	≤ ±2 in the rage of 30 to 250 bpm
22	**Averaging**	8 -10 seconds
23	**TEMPERATURE MODULE**	
24	**Range, °C**	28.9 to 42.2
25	**Accuracy, °C**	± 0.1
26	**Calibration:**	Factory calibrated
27	**ALARMS**	
28	**Types**	Both visible and acoustic
29	**NIBP**	Limits adjustable with 1 mmHg steps in the whole range of measurement, and OFF
30	**Pulse Rate**	Limits adjustable with 1 bpm steps in the whole range of measurement, and OFF
31	**SpO2**	limits adjustable with 1% steps in the whole range of measurement, and OFF

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32	**OUTPUTS**	
33	**Output port**	RS232C
34	**Output data**	Text, data log and trends
35	**POWER SUPPLY**	
36	**AC Charger**	Input 230 VAC 50/60 Hz with UK plug type
37	**Battery**	in built, Ni Cd 6 VDC with continuous use of 6 hours guaranteed
38	**ACCESSORIES AND CONSUMABLES**	
39	**SpO2 transducer, adult finger, reusable**	2
40	**SpO2 transducer, child finger, reusabl**	2
41	**SpO2 extension cable**	1
42	**Temperature probes, skin, rectal**	2
43	**NIBP cuffs, small adult, reusable**	3
44	**NIBP cuffs, pediatric, reusable**	3
45	**NIBP cuffs, small pediatrics, reusable**	3
57	**AC Power wire with UK type plug**	1
46	**INTERNATIONAL STANDARD**	
47	**Type of protection**	Class II
48	**Degree of protection**	Type CF defib protected
49	**Degree if protection against liquid**	IPX1, drip proof
50	**Safety requirements**	EN 60601-1:1990
51	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
52	**WARRANTY**	12 months warranty period
53	**AFTERSALE SERVICE**	
54	**Mandatory intervention per year.**	3
55	**Spare parts availability**	5 years minimum
58	**TRAINING**	
59	**Duration, Days**	2
60	**Target groups**	Technician, Medical Doctor, Nurses

02-MBM

MONITOR, BEDSIDE, MODULAR

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Modular Multiparametic Monitor for continuous monitoring of patient's vital parameters (ECG, dual Temp, SpO2, NIBP, IPB, Resp), with a color TFT display showing at least 4 ECG waveform simultaneously. The device is intended to be used in the ICU and Operational Theatres and has to provide accurate measurements on patients ranging from neonate to adult. The device has to be complete with cuffs for NIBP, sensors for SpO2, probes with covers for temperatures (oral and rectal), and IBP probe.The device has to warn for out of range parameters thanks to both visible and acoustic alarms with adjustable limits. With in built batteries that guarantees a minimum of 6 hours uninterrupted functioning.
2	**UMDNS**	20-171
3	**CE MARKED**	YES
4	**ECG MODULE**	
5	**ECG**	Selectable 3 - 5 lead with led selection
6	**HR Range, bpm**	20 – 300
7	**Accuracy, %**	*2*
8	**Protection**	MRI protected, defibrillator protected
9	**ST segment Analysis**	Yes
10	**NIBP MODULE**	
11	**Operation Modes**	Manual/Automatic
12	**Measurement Unit**	mmHg – kPa
13	**Measurement types**	SYS, DIA, MAP
14	**Measurement range, mmHg**	Neonatal 10/20–130/135; Pediatric 10/20–200/250; Adult: 10/20–250
15	**Accuracy**	Mean error ≤ ± 5, std_dev ≤ 8 (AAMI SP10-1992)
16	**SpO2 MODULE**	
17	**Range, %**	0-100
18	**Accuracy, %**	±2 (between 70-100%)
19	**Sensor**	Plug in reusable finger sensor with estimated warranted life of 1 year
20	**PULSE RATE MODULE**	
21	**Range, bpm**	30 – 250
22	**Accuracy, %**	3
23	**IBP MODULE**	
24	**Channel:**	*2*
25	**Accuracy, mmHg**	±2
26	**Resolution, mmHg**	1
27	**Range, mmHg**	min < -10; max > 270
28	**TEMPERATURE MODULE**	
29	**Range, °C**	0÷50
30	**Channels, n**	2 (for T1 T2 e ΔT(T1-T2))
31	**Resolution, °C**	0,1
32	**Accuracy, %**	± 0,1%
33	**Alarm range**	Adjustable

34	**RESPIRATION MODULE**	
35	**Respiration Rate, breathspm**	0/5 – 130/150
36	**Accuracy, Breaths/min**	± 1 or ± 5% (whichever is greater)
37	**Apnea Alarm**	Yes
38	**Respiration waveform on display**	Yes
39	**DISPLAY**	
40	**Type**	Flat screen display COLOR LCD TFT
41	**Dimension, in**	>10
42	**Resolution, pixel**	>640 x 480
43	**Functions**	Zoom, large fonts, freeze, settable format, settable position of waveforms, settable colors and sweep speed (12,5; 25; 50 mm/sec)
44	**PRINTER**	
45	**Printer type**	Thermal paper
46	**In built**	preferred
47	**COMMUNICATION AND DATA**	
48	**Networking**	RS232 port for LAN and centralized monitoring System
49	**Data Storage**	Storing of trends and data in graphical and Tabular format (at least 96 hours of patient's trends.
50	**POWER REQUIREMENTS**	
51	**Voltage**	220/240, 60 Hz
52	**Battery**	In built, for 2 hours uninterrupted functioning
53	**Power connection**	UK type plug
54	**CONFIGURATION**	
55	**Mounting**	The monitor has to be mounted on wall with an articulated arm with a load bearing capacity of at least 20 kg
56	**OTHER**	Built in simulator for staff training
57	**ACCESSORIES AND SPARES**	
58	**ECG main Trunk Cable and 5 lead terminal**	2
59	**SpO2 transducer, adult finger, reusable**	2
60	**SpO2 transducer, child finger, reusable**	2
61	**SpO2 extension cable**	1
62	**Temperature probes, skin, rectal**	2
63	**IBP pressure cable and transducer, reusable**	2
64	**IPB probe, disposable**	10
65	**NIBP cuffs, small adult, reusable**	3
66	**NIBP cuffs, pediatric, reusable**	3
67	**NIBP cuffs, small pediatrics, reusable**	3
68	**Paper Roll**	10
69	**Electrodes pack (300 pcs)**	3
70	**ACCESSORIES**	
71	**AC Power CHORD UK plug**	1
72	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN

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73	**WARRANTY**	12 MONTHS
74	**AFTERSALE SERVICE**	
75	**Mandatory intervention per year.**	3
76	**Spare parts availability**	5 years minimum
77	**TRAINING**	
78	**Duration, Days**	2
79	**Target groups**	Technician, Medical Doctor, Nurses

02-OXC

OXYGEN CONCENTRATOR

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Oxygen Concentrator to be used in ICU and Operational Theatres, able to separate Oxygen from air with high level of purity, compatible with patient ventilator, with all accessories and component necessary for use.
2	**UMDNS**	12-873
3	**CE MARK (MDD)**	Yes
4	**GENERAL**	
5	**Delivery rate, l/min**	8
6	**Oxygen percentage, %**	> 90 ± 3%@5 lpm
7	**Altitude of the installation, m:**	1300
8	**Outlet pressure, bar**	5 bar ± 0,5 bar
9	**Pressure relief valve**	Yes, 44 psi
10	**Flow meter**	Adjustable 0 5 l/min
11	**Noise level**	Max <55 dB at 1 m distance
12	**LEDS & ALARMS**	
13	**Power ON**	Yes
14	**Low oxygen concentration**	O2 > 85% green or other indicator light, 70% < O2 < 85% yellow or other indicator light, O2 < 70% red or other indicator light, acoustical alarm
15	**High tempreture**	Yes
16	**Power failure**	Yes
17	**High and low pressure**	Yes
18	**Battery test**	Yes
19	**POWER REQUIREMENTS**	
20	**Power Supply**	220–240 VAC, 50 /60 Hz, 2
21	**UPS, min**	10
22	**Type**	Pumps that accept disposable and rechargeable batteries are preferred
23	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
24	**WARRANTY**	12 months warranty period
25	**AFTERSALE SERVICE**	
26	**Mandatory intervention per year.**	3
27	**Spare parts availability**	5 years minimum
28	**ACCESSORIES**	
29	**AC Power wire with UK type plug**	1
30	**TRAINING**	
31	**Duration, Days**	1
32	**Target groups**	Technician, Medical Doctor, Nurses

02-OXP

OXYMETER, PULSE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Portable Pulse Oxymeter with numerical and possibly graphical display, powered via re-chargeable batteries, for continuous and spot monitoring of SpO2, pulse rate and pulse strength, with alarms for high and low O2 concentration. The device will be used in hospital environment especially in ICU. Suitable for use ranging from new born to adult. The device has to be portable and lightweight, ergonomically designed to be handled.
2	**UMDNS**	17-148
3	**CE MARK (MDD)**	Yes
4	**SpO2 MODULE**	
5	**Range, %**	0-99
6	**Accuracy, %**	± 2 at 70 – 99%, ± 3 at 50 – 69%
7	**Averaging**	Selectable (4/8/16 pulse)
8	**Alarms**	High and low adjustable with steps of 1%/ OFF
9	**Calibration**	Factory calibrated
10	**Sensor**	Plug in reusable finger sensor for Adult, children and newborn with estimated life > 1 year
11	**Light source, nm**	Red 660, infrared 905 to 940
12	**PULSE RATE MODULE**	
13	**Range, bpm**	From 30 to 250 : 254
14	**Accuracy, bpm**	± 2% or 2 , which ever is greater
15	**Alarms**	High and low adjustable/ OFF
16	**Averaging, sec**	12
17	**Display update**	1 Hz
18	**DATA COMMUNICATION**	
19	**Port Type**	WIRELESS, USB
20	**Trend storage intervals, sec**	4 to 30
21	**Steps, sec**	1
22	**POWER REQUIREMENTS**	
23	**Power supply**	AC power supply 220 V 50/60 Hz, with UK power plug
24	**Battery type**	Rechargeable batteries, in built
25	**Battery life, hours**	> 4
26	**ACCESSORIES & SPARS**	
27	**Sensors (adults, pediatric, newborn)**	3, 3, 3
28	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
29	**WARRANTY**	12 months warranty period
30	**AFTERSALE SERVICE**	
31	**Mandatory intervention per year**	Minimum of 3
32	**Spare parts availability**	5 years minimum
33	**TRAINING**	
34	**Duration, Days**	0,5
35	**Target groups**	Technician, Medical Doctor, Nurses

02-RU-WR

RADIOGRAPHIC SYSTEM, CHEST, GENERAL PURPOSE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	WHIS-RAD Compliant syste to provide high-quality images and to be safe to use, reliable, easy to maintain
2	**UMDNS**	18-428
3	**CE MARK (MDD)**	Yes
4	**SYSTEM**	BRS, WHIS-RAD Compliant
5	**EXAMINATION TABLE (trolley)**	
6	**Flat tabletop LWH**	200x70x70cm with 4 wheels (diameter 15cm) Individually locking.
7	**Max Patient Weight**	Approximately 110kg.
8	**Mattress**	200x60x3cm radio-transparent
9	**Position brakes**	Yes
10	**Equivalent density, mm Al**	1
11	**EXAMINATION STAND**	
12	**Focus film distance (FFD)**	140cm
13	**Arm rotation**	±120° from vertical direction.
14	**Brakes**	Electromagnetic brakes for vertical and rotational movements.
15	**Light beam collimator**	Continuously variable from 18x18cm to 43x43cm
16	**Cassette size**	14"x17", 10"x12", 8"x10"
17	**Grid**	Al as interspacing material: ratio 10:1, 40 lines/cm (103 lines/inch) focused at 140cm.
18	**Film to skin distance in cassette holder**	2.6cm
19	**X-RAY GENERATOR**	
20	**Type**	Multi-pulse X-ray generator with energy storage in a large capacitor located on the primary side of high-tension transformer.
21	**High tension Rating, kV**	125
22	**Nominal power rating, kW**	30
23	**Nominal energy rating, kW**	18 (90kV x 200mAs)
24	**Long Time POWER RATING x 2 sec exposure**	12-15
25	**Tube current range**	100-250mA
26	**Available tube tensions, kV**	46, 53, 60, 70, 80,90 (plus 120Kv for test purposes).
27	**Shortest exposure time**	0.005s
28	**Exposure - mAs Values relation**	According to renard-10 series
29	**High Tension Voltage Ripple @ 100kV and 100 mA, %**	< 4
30	**Tube Overload Protection ssistem**	Yes (heating and tension)
31	**Flash Over Protection**	Yes
32	**X-RAY TUBE**	
33	**Type**	Rotating anode with rhenium-tungsten alloy.
34	**Nominal Voltage, kV**	120
35	**Current, mA**	> 100

02-RU-WR

36	**Focal spot, mm**	< 1
37	**Anode angle, °**	12 - 15
38	**Power rating @ 0.1s and 90/100 kV, kW**	30
39	**Filtration, mm Al**	3-4
40	**GENERATOR CONTROL PANEL**	
41	**ON/OFF selector**	Yes
42	**kV Selector**	Yes
43	**mAs Selector**	Yes
44	**Anode Rotation**	Yes
45	**Exposure selector**	Yes
46	**Tube loading Light**	Yes
47	**Self stand**	Yes
48	**POWER REQUIREMENT**	220-230V 16A (slow fuse), 50, single phase 60Hz.
49	**ACCESSORIES**	
50	**Compression bands**	Yes
51	**Handgrips**	Yes
52	**Head clamps**	Yes
53	**Footrest**	Yes
54	**Spare collimator bulbs**	for 10 years utilizaion
55	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
56	**WARRANTY**	12 months warranty period
57	**AFTERSALE SERVICE**	
58	**Mandatory intervention per year**	Minimum of 3
59	**Spare parts availability**	5 years minimum
60	**TRAINING**	
61	**Duration, Days**	5
62	**Target groups**	Technician, Radiographist, Medical Doctor, Nurses

02-SSUG

SCANNING SYSTEM, ULTRASONIC, GENERAL PURPOSE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Ultrasound System for General purpose, Abdominal, Cardiac, Vascular, small parts, urology, Gynaecology, obstetrical, Musculoskeletal, Neonatal and Paediatric, Trans-cranial
2	**UMDNS**	15-976
3	**CE MARK (MDD)**	Yes
4	**MODES OF OPERATIONS**	M-Mode, M-Mode Anatomical, M-Mode Colour, 3D, B-mode, BB, real time, Pulsed Wave Doppler, Continuous wave Doppler, dual mode, Duplex mode, Adaptive Colour Doppler, trapezoidal imaging
5	**NUMBER OF PORTS**	With at least two ports for connecting transducers
6	**CONSOLE & CONTROLS**	Alphanumeric keypad control dash
7	**MEASUREMENT CAPABILITY**	Capable of measuring distance, circumference, area, volume, ellipse, angle cursor operated trackball.
8	**FREEZE OPTION**	Key to freeze frame
9	**SOFTWARE PACKAGE**	Cardiology, obstetrics and gynaecology, and urology.
10	**INTEGRATED TRACKBALL**	Yes
11	**MONITOR**	
12	**Type**	LCD or CRT monitor colour
13	**Resolution**	525 lines or greater. With 256 levels of grey or greater.
14	**Gain Adjustment**	Yes
15	**CABINET**	
16	**Wheels with brakes**	Yes
17	**Integrated transducer holder**	Yes
18	**Space for Storage**	Yes
19	**TRANSDUCERS (PROBES)**	
20	**Broadband Sector Array Transducer**	Adult cardiac, deep abdominal, obstetrical and gynecological applications
21	**Broadband Curved Array Transducer, 5 to 2 MHz**	Fetal echo and abdominal vascular applications, General Purpose abdominal, obstetrical and gynecological applications, Contrast applications
22	**Broadband Linear Array Transducer 12 to 3 MHz**	High-resolution superficial applications: small parts, breast, superficial vascular, and musculoskeletal imaging
23	**PRINTER**	Thermal or improved system for printing high-resolution images in black and white and color.
24	**POWER SUPPLY**	Power supply, 220 AC, 60 Hz single phase.
25	**ACCESSORIES & CONSUMABLES**	Plastic Cover
26	**UPS (if not present)**	Workload of at least 60 minute
27	**Printer paper**	25 rolls
28	**Conductive Gel**	10 Liters
29	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
30	**WARRANTY**	12 months warranty period
31	**AFTERSALE SERVICE**	
32	**Mandatory intervention per year**	Minimum of 3
33	**Spare parts availability**	5 years minimum
34	**TRAINING**	
35	**Duration, Days**	5
36	**Target groups**	Technician, Medical Doctor, Nurses

02-USP

SCANNING SYSTEM, ULTRASONIC, PORTABLE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Ultrasound System to be used primarily for abdominal and OB/GYN scanning, to be placed into the maternity ward.
2	**UMDNS**	18-143
3	**CE MARK (MDD)**	Yes
4	**SCAN MODES**	2D
5	**SOFTWARE FEATURES**	
6	**Digital calipers**	Yes
7	**Vascular analysis**	Yes
8	**Obstetric analysis**	Yes
9	**Cardiac analysis**	Yes
10	**PROBE, MHz AND TYPES**	3-5, Llinear or Convex array
11	**DISPLAY**	15” XVGA LCD monitor (1024x768 aspect ratio)
12	**ACCESSORIES & CONSUMABLES**	
13	**Bottles of gel**	20
14	**Power chord**	1
15	**DICOM COMPLIANT**	Yes
16	**POWER REQUIREMENTS**	
17	**Battery**	Two removable Li-ion batteries
18	**Battery • Operating time**	1 hour and 20 min
19	**Power input**	220 AC, 60 Hz single phase.
20	**DATA STORAGE**	
21	**Hard disk**	≥ 250 GB
22	**DVD reader/writer**	Yes
23	**Internal patient database**	Yes
24	**User selectable filter for database searches**	Yes
25	**CONNECTIVITY**	
26	**I/Os connectors**	Yes
27	**Serial RS-232**	Yes
28	**LAN RJ45**	Yes
29	**USB (for image transfer)**	Yes
30	**Printing Capability**	Preferred
31	**Printer Type**	Ink jet color or Laser B/W & Color USB Printe (A4 format)
32	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
33	**IEC standardr electrical safety**	Yes
34	**WARRANTY**	12 months warranty period
35	**AFTERSALE SERVICE**	
36	**Mandatory intervention per year**	Minimum of 3
37	**Spare parts availability**	5 years minimum
38	**TRAINING**	
39	**Duration, Days**	1
40	**Target groups**	Technician, Nurses, Doctor

02-STDH

STERILIZING UNIT, DRY HEAT

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Hot air sterilizer , capacity 50 Liters
2	**UMDNS**	13-739
3	**CE MARKED**	Yes
4	**OUTER BODY**	Stainless steel
5	**INNER CHAMBER**	Stainless steel
6	**SHELVES**	
7	**Material**	Stainless steel Meshed wire or perforated
8	**Number**	2
9	**Adjustable**	Yes
10	**Capacity, l**	50
11	**DOOR**	
12	**Hinged**	Yes
13	**Locking system**	Yes
14	**HANDLE**	Insulated against heat
15	**CONTROL BOARD**	
16	**Position**	Frontal
17	**On/Off Switch**	Yes
18	**Functioning Lamp**	Yes
19	**Temperature indicator**	Yes
20	**Timer**	Up to 120 min
21	**TEMPERATURE RANGE**	Up to 200°C
22	**CONTROL SYSTEM**	Electronic Thermostatic Control
23	**OVERHEAT CUTOFF**	Yes
24	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
25	**WARRANTY**	12 months warranty period
26	**AFTERSALE SERVICE**	
27	**Mandatory intervention per year**	3
28	**Spare parts availability**	5 years minimum
29	**TRAINING**	
30	**Duration, Days**	1
31	**Target groups**	Technician, Medical Doctor, Nurses

02-STST

STERILIZING UNIT, STEAM, TABLETOP

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Tabletop, electronically controlled steam sterilizers that use pressurized steam to generate moist heat to eliminate viable microbes from non-heat-sensitive medical devices and products used for surgical and general patient care. Typical items to be sterilized include surgical instrument packs, surgical implants, irrigation fluids, devices intended for use by patients in isolation, and obstetric and dental instruments. Integral steam generators included, to be used within the hospital in operating suites and delivery areas.
2	**UMDNS**	16-142
3	**MODEL**	Tabletop Steam Sterilizers, electronically controlled
4	**CE MARK**	Yes
5	**WATER RESERVOIR CAPACITY, L**	20
6	**CONTROLLER**	
7	**Type**	Electronic, automatic
8	**Programmable**	Yes
9	**PREPROGRAMMED CYCLES**	Wrapped, unwrapped
10	**CYCLE NUMBER, TYPE**	Minimum 4; Wrapped, Unwrapped, liquids, aprons
11	**MINIMUM CYCLE TIME, min**	3
12	**AUTOMATIC CYCLE SHUTOFF**	Yes
13	**TEMPERATURE RANGE, °C**	100-134
14	**OVERHEAT SHUTOFF**	Yes
15	**AIR REMOVAL METHOD**	Vacuum Pump
16	**PRESSURE PURGE**	Yes
17	**CHAMBER**	
18	**Tray type**	Perforated or mesh trays
19	**Number of trays**	2
20	**Material**	Stainless steel 316
21	**DOOR**	
22	**Material**	Stainless Steel
23	**Automatic Locking system**	Yes
24	**ALARM CONDITIONS**	Various
25	**Indicator type**	Audible, visual
26	**DATA MANAGEMENT**	
27	**Recorder**	Yes
28	**Data type**	Temperature, pressure, time, date
29	**Printer**	Preferably in built
30	**DISPLAY**	LCD
31	**INSTALLATION**	
32	**Special wiring/plumbing**	Please specify
33	**POWER REQUIREMENTS**	220 V , 50 Hz
34	**ACCESSORIES**	

02-STST

35	**Rack, removable**	1
36	**Trays, large, removable**	2
37	**Power cord of suitable length**	1
38	**Paper rolls for data logger**	12 Rolls
39	**Printing Packs**	4 Packs
40	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
41	**WARRANTY**	12 months warranty period
42	**AFTERSALE SERVICE**	
43	**Mandatory intervention per year**	3
44	**Spare parts availability**	5 years minimum
45	**TRAINING**	
46	**Duration, Days**	1
47	**Target groups**	Technician, Nurses

02-STSB

STERILIZING UNIT, STEAM, BULK

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Metal sterilizing pressure container (Pressure Cooker Pot) to produce superheated steam (saturated steam) to generate moist heat to eliminate viable microbes from non-heat-sensitive medical devices, including heat-tolerant products used for surgical, general patient care, laboratory. Lid with a safety-clamp locking system: 6 retaining bayonet clamps and 6 wing nuts prevent the lid's removal while the sterilizer is under pressure
2	**UMDNS**	16-141
3	**CE MARKED**	Yes
4	**MODEL**	Steam Sterilizer Unit, Vertical, Pressure cooker
5	**CONFIGURATION**	Floor standing
6	**MATERIAL**	Heavy Cast Aluminium
7	**CHAMBER**	
8	**Material**	Seamless aluminium alloy
9	**Volume**	75 l
10	**Scored Water**	Level marks inside the chamber
11	**LID**	
12	**Charging**	Vertical
13	**Closing System**	Manual closing, double closing with wingnut in bakelite
14	**Handle**	Bakelite materal
15	**Seal**	Without rubber gasket, metal to metal seal
16	**CONTROLS**	
17	**Manometer / pressure Gauge / Steam gauge**	Yes
18	**Manometer colour-coding**	Color coding showing sterilizing zone (green) and caution zone (red).
19	**SAFETY**	
20	**OVER-PRESSURE VALVE**	Yes
21	**ALARMS/ INDICATORS**	
22	**Power on/off led**	Yes
23	**Pressure indicator**	Yes, Graduation in kg/cm2, PSI, Max Pressure up to 2 bars
24	**Temperature indicator**	Yes, temperature Celsius, Max Temp 126°C
25	**Time indicators**	Yes
26	**CANISTERS**	2 at least, Configuration set
27	**WARRANTY**	2 years, parts and labor; 15 years, pressure vessel
28	**OTHERS**	ASME Compliant
29	**DISPOSABLE MATERIAL**	
30	**Physical Testing**	Bowie dick Test (300 units)
31	**Biological Testing**	Rolls for Biological Control Tape (200 units)
32	**MEDICAL DEGREE PAPER**	
33	**125 x 50 x 257 mm.**	1 box of 100 units
34	**180 x 50 x 257 mm.**	1 box of 100 units

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35	**90 x 50 x 168 mm.**	1 box of 100 units
36	**110 x 30 x 196 mm.**	1 box of 100 units
37	**15 cm x 200 m.**	2 rolls
38	**30 cm x 200 m.**	2 rolls
39	**20 cm x 200 m.**	2 rolls
40	**25 cm x 200 m.**	2 rolls
41	**ACCESSORIES & SPARS**	
42	**Handle for lid**	1
43	**Wing nut**	2
44	**Control valve**	1
45	**Excess pressure Valve**	1
46	**Vent pipe**	1
47	**Pressure Valve**	1
48	**Over-pressure plugs**	2
49	**Ovewr pressure Valve**	
50	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
51	**WARRANTY**	12 months warranty period
52	**AFTERSALE SERVICE**	
53	**Mandatory intervention per year**	3
54	**Spare parts availability**	5 years minimum
55	**TRAINING**	
56	**Duration, Days**	1
57	**Target groups**	Technician, Nurses

02-SYD

SYRINGE NEEDLE DISTROYER

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Needle and syringe destroyer able to burn needle electrically and cutting of hub mechanically.
2	**UMDNS**	21-930
3	**CE MARKED**	Yes
4	**CUTTING BLADE**	
5	**Material**	Stainless steel (IS 6911 of 1992).
6	**Thickness**	> 0.5 mm with one side sharpen
7	**Number of cuts**	> of 10,000 cuts.
8	**OTHER COMPONENTS**	Made of galvanized carbon steel
9	**SPRING**	Made of steel wire for mechanical spring
10	**SHARP CONTAINER**	
11	**Material**	Polypropylene (PP), white/translucent
12	**Thickness**	4 mm
13	**Puncture resistant**	Yes
14	**High drop impact**	Yes
15	**Non-toxic**	Yes
16	**Autoclavable**	Yes
17	**Pyrogen free**	Yes
18	**LID**	With security lock
19	**CAPACITY RANGE**	Needles from 18-28 gauge diameter and from 10-25 mm length and fitted with all types of needle fittings, eg, fixed luer lock, luer ship of snap-on
20	**Filling**	Container shall accept 500 cut needles along with the hub when it is ¾th full (filling line).
21	**Resistance to piercing**	Needles shall not penetrate container walls when filled up to the filling line. The average of forces needed to penetrate samples shall be not less than 15 N.
22	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
26	**WARRANTY**	12 months warranty period
27	**AFTERSALE SERVICE**	
28	**Mandatory intervention per year**	Minimum of 3
29	**Spare parts availability**	5 years minimum
30	**TRAINING**	
31	**Duration, Days**	1
32	**Target groups**	Technician, Nurses

02-TAOG

TABLE OPERATING, GENERAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Operating tables provide an elevated surface that supports the patient's body during surgical procedures, stabilizing the patient's position and providing optimal exposure of the surgical field. Capable to accommodate C-arm radiographic/fluoroscopic studies.
2	**UMDNS**	13-961
3	**CE MARK (MDD)**	Yes
4	**NUMBER OF SECTIONS**	5 (head, back, seat, legs)
5	**LOAD LIMIT, kg (lb)**	150
6	**FRAME MATERIAL**	Stainless Steel (NiCr)
7	**CONVERTIBLE TO FULL-LENGTH SURGICAL TABLE**	Yes
8	**PADDING**	
9	**Thickness, mm**	50
10	**Upholstery**	Yes, leatherette, Colour Black
11	**Fire Retardant**	Yes
12	**Chemical Resistant**	Yes
13	**Washable**	Yes
14	**Removable**	Yes
15	**TABLE POSITIONS**	
16	**Trendelenburg Reverse, deg from horizontal**	25 minimum
17	**Trendelenburgdeg from horizontal**	25 minimum
18	**Lateral tilt,deg from horizontal**	18 minimum
19	**Height, cm**	75 - 100
20	**SECTIONS POSITIONS (Deg from horizontal)**	
21	**Back section**	+55 to -25 minimum
22	**Seat Section**	Fixed
23	**Foot/leg section**	+20 to -40 minimum
24	**Head section**	+45 to -90 minimum
25	**ACCESSORY SIDERAIL**	Yes
26	**ADJUSTMENT CONTROLS**	
27	**Height**	Pneumatic/hydraulic, foot activated, both side
28	**Sections**	Manual levers or hand crank, pneumatic springs
29	**Table**	Manual levers or hand crank, pneumatic springs
30	**RADIOGRAPHIC/FLUOROSCOPIC USE**	
31	**Radiolucent tabletop**	Yes
32	**C-arm accessible**	Yes
33	**Cassette sizes, cm (in)**	35 x 43 (14 x 17) maximum
34	**KIDNEY ELEVATOR**	Yes
35	**BASE ATTACHMENT**	Mobile
36	**Column housing**	Stainless Steel

02-TAOG

37	**Section**	Rectangular
38	**FLOOR FOOTING**	
39	**Caster diameter, mm**	100
40	**Caster lock**	Yes, foot activated
41	**Conductive casters**	Yes
42	**Swivelling**	Yes
43	**ACCESSORIES**	
44	**ROD and infusion stand with 2 hooks**	1
45	**Anaesthesia screen, flexible**	1
46	**Shoulder supports; cylindrical, padded**	1 pair
47	**Sliding clamps, to hold accessories, QT**	10 pieces
48	**Wristlets, padded**	1 pair
49	**Thigh rest, padded**	1 pair
50	**Leg Rest, with straps**	1 pair
51	**Instrument Tray, 500x400mm**	1
52	**Arm rest, padded, for infusion**	1
53	**Side Rest, padded**	1 pair
54	**Cassette Holder, for X-ray films**	1
55	**Knee crutches**	2 pairs
56	**Body belt**	1
57	**Head ring**	1
58	**Spare pads**	1 set
59	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
60	**WARRANTY**	12 months warranty period
61	**AFTERSALE SERVICE**	
62	**Mandatory intervention per year**	Minimum of 3
63	**Spare parts availability**	5 years minimum
64	**TRAINING**	
65	**Duration, Days**	1
66	**Target groups**	Technician, Nurses

02-TAOO

TABLE OPERATING, ORTHOPEDIC

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Operating Table for Orthopedic Surgery. The same specifications as ITEM TAOG with additional orthopedic accessories listed as below
2	**UMDNS**	13-961
3	**CE MARKED**	Yes
57	**ACCESSORIES**	in addition of the accessories listed in ITEM TAOG
58	**Traction bars, Qt**	2
59	**Screw tension devices, Qt**	2
60	**Rotating and tilting clamp, Qt**	1
61	**Rotating and traction stirrup clamp, Qt**	1
62	**Neck of femur couture traction post with pad, Qt**	1
63	**Side rail elongation, Qt**	1
64	**Foot plates, Qt**	2
65	**Traction boots, Qt**	1
66	**Accessories for railing and plating technique, Qt**	1
67	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
68	**WARRANTY**	12 months warranty period
69	**AFTERSALE SERVICE**	
70	**Mandatory intervention per year**	Minimum of 3
71	**Spare parts availability**	5 years minimum
72	**TRAINING**	
73	**Duration, Days**	1
74	**Target groups**	Technician, Nurses

02-VIC

VENTILATOR, INTENSIVE CARE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Electronically controlled, compressed air driven ventilator for use in anaesthesia and intensive care ward coupled with Oxygen Concentrator; for adults and children. The device has to accept driving gas (Oxygen or Air) from 20 kPa up to 650 kPa source and will be mainly used with Oxygen Concentrator. The device has to permit easy manual ventilation in case of emergency thanks to an comfortably handling upper arm that act on the ventilator bellow. All the circuit controls have to be all placed in the front panel of the device, except for the movable weight to set the inspiration pressure, placed on the top of the arm and the electric circuit breaker. The Ventilator has to be with all necessary accessories for the complete usage and with silicon circuits for adult and children. Mounted on trolley with 1 tray and four casters with brakes.
2	**UMDNS**	17-429
3	**CE MARKED**	Yes
4	**GENERAL**	
5	**Tidal Volume range, mL**	50 ÷ 800
6	**Inspiratory Flow range, L/min**	3 ÷ 180
7	**Inspiratory pressure, cmH2O**	0 ÷ 80 H2O
8	**Respiratory Rate, bpm**	6 ÷ 120 BPM
9	**Insipratory Time(sec)**	0-3 Pause
10	**Expiratory Time (sec)**	1-8
11	**Pressure control Rate**	10 ÷ 50 cm H2O
12	**I:E ratio**	1:4 to 4:1
13	**Inspiratory Hold/plateau (sec)**	0 -3 sec
14	**Expiratory Hold (sec)**	0-3 sec
15	**FiO2 %**	30-90
16	**Manual Breath**	Yes
17	**PEEP/CPAP, (cm H2O)**	0-45
18	**Pressure Support, (cm H2O)**	0-45
19	**Nebulizer**	Yes
20	**Trigger Mechanism**	Pressure, Flow, Both
21	**Bias/base flow range (L/min)**	1-20
22	**Pressure Slope/Ramp**	Yes
23	**Sigh**	Yes
24	**Alarm Mute**	Yes
25	**Pressure relief valve**	Yes
26	**OPERATING MODE**	
27	**Assist/control**	
28	**Volume breaths**	Yes
29	**Pressure Breaths**	Yes
30	**SIMV**	
31	**Volume Breaths**	Yes

32	**SIMV pressure Breaths**	Yes
33	**Pressure Support**	Yes
34	**Spontaneous/CPAP**	
35	**Pressure Support**	Yes
36	**Apnea Back-up vent**	Yes
37	**Combination Modes**	Yes
38	**Active/Responsive Valve**	Yes
39	**MONITORED PARAMETERS:**	
40	**Pressure:**	
41	PIP	Yes
42	MAP	Yes
43	PEEP	Yes
44	**Volume:**	
45	Tidal	Yes
46	Minute	Yes
47	Spontaneous Minute	Yes
48	**FiO2**	Yes
49	**Respiratory Rate**	Yes
50	**Inspiratory Rate**	Yes
51	**Expiratory Time**	Yes
52	**IE**	Yes
53	**PATIENTS ALARMS:**	
54	**FiO2**	Yes
55	**Low Minute Volume**	Yes
56	**Low Inspiratory Pressure**	Yes
57	**High Pressure**	Yes
58	**Loss of PEEP**	Yes
59	**Apnea**	Yes
60	**Pressure/Occlusion**	Yes
61	**Inverse IE**	Yes
62	**High Respiratory Rate**	Yes
63	**High Minute Volume**	Yes
64	**High PEEP**	Yes
65	**Breathing Circuit Disconnect**	Yes
66	**EQUIPMENT ALARMS:**	
67	**Gas supply Failure**	Yes
68	**Vent Inoperative**	Yes
69	**Battery Low**	Yes
70	**Self Diagnostic**	Yes
71	**INTERFACING**	
72	**Output doors**	Yes

02-VIC

73	**Analog Output**	Yes
74	**Report Generation**	Yes
75	**Display**	Yes
76	**Hard Copy**	Yes
77	**PNEUMATIC POWER SUPPLY**	
78	**Compressed Gas**	Air/O2
79	**Pressure Range**	20-65 Psi
80	**Compressor**	REQUIRED to be used with Oxygen Concentrator
81	**ELECTRICAL POWER SUPPLY**	220 V 50/60 Hz with Uk type plug
82	**STANDAR ACCESSORIES**	
83	**O2 tube**	1
84	**Air tube**	1
85	**Power Supply cable UK plug**	1
86	**Silicone patient circuit, adults**	1
87	**Nebulizer set**	1
88	**Antibacterial filter**	1
89	**Electronic Humidifier**	1
90	**ACCESSORIES FOR HUMIDIFIER**	
91	**Monopak water column**	1
92	**Temperature probe**	1
93	**Kit of adults hoses for humidifier**	1
94	**Kit of paediatric hoses for humidifier**	1
95	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
96	**WARRANTY**	12 months warranty period
97	**AFTERSALE SERVICE**	
98	**Mandatory intervention per year.**	Minimum of 3
99	**Spare parts availability**	5 years minimum
100	**TRAINING**	
101	**Duration, Days**	3
102	**Target groups**	Technician, Medical Doctor, Nurses

02-VIP

VOLUMETRIC INFUSION PUMP

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Infusion volumetric pump with LCD display and functioning LED, with broad range of delivery rate settings, IV infusion support, in-built re chargeable batteries, alarms and functioning indicators, self functioning test, accessories for the complete functioning, with disposable standard IV set for the start up.
2	**UMDNS**	13-215
3	**CE MARK**	YES
4	**GENERAL**	
5	**Pumpimg System**	PERISTALTIC SEMI-TRANSIT FINGER
	Flow Rate Range (microinfusion)	0.1 to 99.9ml/h (in 0.1ml/h increments)
6	**Flow Rate Range (normal infusion)**	100 to 999 ml/h (in ml/h increments)
7	**Accuracy**	± 5% with assigned IV set
8	**Infusion Volume**	1 to 999 ml or no limit
9	**Purge Flow Rate**	700 ml/h (or selectable)
10	**DYSPLAY** (Permanent visualization)	
11	**Delivery rate**	Yes
12	**Running infusion**	Yes
13	**Current volume**	Yes
14	**Battery (accumulator) capacity**	Yes
15	**ALARMS & INDICATORS**	Yes
16	**Air in Line, Infusion complete,**	Yes
17	**Occlusion (Up/Down),**	Yes
18	**Empty container**	Yes
19	**Low battery**	Yes
20	**Door open**	Yes
21	**Tubing misleading**	Yes
22	**Keep-Vein-Open**	Yes
23	**Drop sensor**	Yes
24	**Battery indicator.**	Yes
25	**FUNCTIONS**	
26	**Volume memorization function**	Yes
27	**Air Bubble detector**	Yes
28	**Selectable one shot purge**	Yes
29	**Free drop protection finger**	Yes
30	**User selectable setup (IV set, sound, occlusion, etc)**	Yes
31	**POWER REQUIREMENTS**	
32	**Power**	AC 100 to 240V, 50/60hz, External 12V DC,
33	**Battery**	Rechargeable Nickel-Metal Hybrid Battery to run the pump continuously for about 3 hours at an operating rate of 25ml/h
34	**ACCESSORIES**	
35	**AC Power wire with UK type plug**	1

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36	**IV Set**	10
37	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
38	**WARRANTY**	12 months warranty period
39	**AFTERSALE SERVICE**	
40	**Mandatory intervention per year.**	Minimum of 3
41	**Spare parts availability**	5 years minimum
42	**TRAINING**	
43	**Duration, Days**	1
44	**Target groups**	Technician, Medical Doctor, Nurses

02-VIPS

VOLUMETRIC INFUSION PUMP, SYRINGE

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Syringe infusion pumps (syringe pumps) used to administer intravenous (IV) fluids such as antibiotics, regional anesthetics, antiarrhythmic medications, and chemotherapeutic agents.Highly accurate volume delivery and consistent flow for small volumes (60 mL) r. Also be used to deliver hyperalimentation solutions or thick feeding solutions and for epidural infusions.
2	**CE MARK (MDD)**	Yes
3	**UMDNS**	13-217
4	**APPLICATIONS**	Anesthesia, general infusions
5	**PUMP/DRIVER**	Pump
6	**SYRINGE DRIVING MECHANISM**	Stepper motor, lead screw
7	**NUMBER OF CHANNELS**	1
8	**FLOW RANGE, mL/hr**	0.1-99.9
9	**Increments, mL**	0.1
10	**DOSE PROGRAMMING**	
11	**Units**	mg/hr, µg/hr, mg/kg/hr, µg/kg/hr, mg/kg/min, µg/kg/min, mL/hr
12	**Drug/dose calculator**	Yes
13	**Programmable drug library**	Preferred
15	**PRIME/PURGE CONTROL**	Yes
16	**ACCURACY, %**	≤2
17	**MAX PRESSURE, psi**	≤20
18	**COMPATIBLE SYRINGES, mL**	
19	**BD Plastipak**	1-60
20	**Monoject**	1-60
21	**Terumo**	1-60
22	**Others**	Please specify
23	**SYRINGE-SIZE SENSOR**	Yes
24	**VOLUME-INFUSED DISPLAY**	Yes
25	**ALARMS**	
26	**Infusion near end**	Yes
27	**Infusion end**	Yes
28	**Empty reservoir**	
29	**High pressure/occlusion**	Yes
30	**System malfunction**	Yes
31	**Syringe unlocked**	Yes
32	**Plunger disengaged**	Yes
33	**Low battery**	Yes
34	**Silencing capability**	
35	**EVENT LOG**	Yes
36	**Display**	LCD
37	**Printout**	Yes

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38	**Number of events**	>200
39	**Data stored**	Key presses, error codes, alarms, rate, amount infused, program settings
40	**Time retained**	1 year
41	**DATA PORT**	RS232
42	**POLE MOUNTING**	Preferred
43	**MRI COMPATIBLE**	Preferred
44	**POWER SOURCE, VAC**	120-230
45	**BATTERY**	Disposable battery type are preferred/ Ni-MH
46	**Type**	Pumps that accept disposable and rechargeable batteries are preferred
47	**Operating time, hr**	≥5 @ 10 mL/hr
48	**Recharge time, hr**	24
49	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
50	**WARRANTY**	12 months warranty period
51	**AFTERSALE SERVICE**	
52	**Mandatory intervention per year.**	Minimum of 3
53	**Spare parts availability**	5 years minimum
54	**ACCESSORIES**	
55	**AC Power wire with UK type plug**	1
56	**TRAINING**	
57	**Duration, Days**	3
58	**Target groups**	Technician, Medical Doctor, Nurses

02-WAB

WARMER, BLOOD

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	In-line blood/solution warmersto be used during various clinical procedures to raise the temperature of refrigerated and room-temperature liquids as they are infused into the patient.
2	**UMDNS**	10-447
3	**CE MARK (MDD)**	Yes
4	**HEAT EXCHANGER**	
5	**Technology**	Warm, forced-air
6	**Max temp setting, °C**	Up to 42
7	**Increments, °C**	0.5
8	**FLOW RANGE, mL/min, 10°C input to ≥35°C output**	≥250
9	**FLOW RANGE, adjustable**	Yes
10	**APPLICATIONS**	
11	**IV**	Yes
12	**Irrigation**	Yes
13	**HEATER POWER, W**	850
14	**VAC**	220-240, 50 Hz
15	**HIGH-TEMPERATURE CUTOFF, °C**	41-42
16	**HIGH-TEMPERATURE ALARM**	
17	**Audible**	Yes
18	**Visual**	Yes
19	**Alarm test**	Yes
20	**DISPOSABLE PARTS**	To be used with common IV disposables
21	**AIR VENT OR TRAP**	Recommended
22	**FREESTANDING**	Yes
23	**IV-pole attachment**	Yes
24	**DISPLAY**	LCD
25	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
26	**WARRANTY**	12 months warranty period
27	**AFTERSALE SERVICE**	
28	**Mandatory intervention per year**	Minimum of 3
29	**Spare parts availability**	5 years minimum
30	**TRAINING**	
31	**Duration, Days**	1
32	**Target groups**	Technician, Anaesthesionologist, Nurses

02-WAR

WARMING UNIT, RADIANT, INFANT

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Freestanding, modular, and permanently mounted infant radiant warmers. Infrared (IR) lamps to be used exclusively for comfort heating and/or physical Infant radiant warmers allow direct observation and easy access to the infant while providing uninterrupted warmth.
2	**CE MARK (MDD)**	yes
3	**UMDNS**	17-956
4	**CONFIGURATION**	User preference Freestanding, wall mount, ceiling mount
5	**CONTROL UNIT**	
6	**Heat control, type**	Automatic or manual
7	**Range, °C**	34-37
8	**Range, °F**	93.2-98.6
9	**Heater indicator**	Required, no preference for display type
10	**TEMPERATURE**	
11	**Set-point display**	Digital
12	**Skin-temp display**	Digital
13	**Range, °C**	30-39
14	**Range, °F**	86-102.2
15	**ALARMS**	
16	**Temperature**	Required
17	**Type**	Audible and visual
18	**Tone**	Variable or fixed
19	**Trigger, ±°C/°F from set point**	0.5-1
20	**Manual mode**	Continuous until corrected, automatic shutoff if not fixed within 10 min
21	**Sensor disconnect**	Audible and/or visual
22	**Power failure**	Audible and/or visual
23	**SELF-CHECK FEATURES**	Yes
24	**BASSINET**	Optional
25	**Height from floor, cm (in)**	Any
26	**Distance from heat source, cm**	66
27	**Mattress surface tilt, °**	Any
28	**Sidewall, cm (in)**	15 (6)
29	**RADIANT HEAT SOURCE**	Any
30	**EXAMINATION LIGHT**	100 footcandles
31	**INPUT VOLTAGE, VAC**	Standard
32	**H x W x D, cm (in)**	8 x 25 x 71 housing, [152-167] x 70 x 60 stand
33	**CASTERS**	4
34	**Size, cm (in)**	12.7 (5)
35	**Brakes**	2 (locks)
36	**OTHER ACCESSORIES**	
37	**Resuscitation module**	Optional

02-WAR

38	**Phototherapy lights**	Optional
39	**Bulbs**	Yes, 1 set
40	**X-ray tray**	Optional
41	**Apgar timer**	Optional
42	**Drawers/shelves**	Yes
43	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
44	**WARRANTY**	12 months warranty period
45	**AFTERSALE SERVICE**	
46	**Mandatory intervention per year**	Minimum of 3
47	**Spare parts availability**	5 years minimum
48	**TRAINING**	
49	**Duration, Days**	1
50	**Target groups**	Technician, Medical Doctor, Nurses

02-XCRS

X-RAY COMPUTER RADIOGRAPHIC SYSTEM

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Computer Radiographic System for visualization of X ray cassette obtained from BRS. High resolution output, anatomic algoritms, easy to use, complete with monitor and capable to network connections
2	**UMDNS**	17-904
3	**CE MARKED**	YES
4	**CONFIGURATION**	Tabletop or floor standing
5	**FILM DIMENSION, cm**	Up to 35 x 43
6	**IMAGE ACCESS TIME, sec**	35
7	**THROUGHPUT**	70 films/hour
8	**GREYSCALE RESOLUTION**	16 bits/pixel
9	**SPATIAL RESOLUTION, px/mm**	20
10	**CASSETTE SIZE**	14” x 17” (35 x 43 cm), 10” x 12” (25 x 30 cm), 8” x 10” (20 x 25 cm),
11	**DISPLAY CONTROL**	Touchscreen
12	**CONNECTIVITY**	Capable to connent to PACS
13	**PRINTER**	External, Included
14	**POWER REQUIREMENTS**	220/240 , 50Hz
15	**SPARE PARTS**	1 set of cassette
16	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
17	**WARRANTY**	12 months warranty period
18	**AFTERSALE SERVICE**	
19	**Mandatory intervention per year**	Minimum of 3
20	**Spare parts availability**	5 years minimum
21	**TRAINING**	
22	**Duration, Days**	3
23	**Target groups**	Technician, Doctors, Nurses

03 – LABORATORY EQUIPMENT

03-ANB

ANALYZER, Blood Gas/pH

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Bood gas analyzers that directly measure the pH, the partial pressure of oxygen (PO2), and the partial pressure of carbon dioxide (PCO2) of an externally drawn or in-line blood specimen. Some blood gas analyzers also provide additional calculated parameters and electrolyte, chemical, and hematologic determinations (e.g., glucose, hematocrit) CLIA Waived.
2	**UMDNS**	[15-709]
3	**CE MARK (MDD)**	Yes
4	**TESTS AVAILABLE**	
5	**Measured range:**	
6	Ca++, mmol/L	0.25-2.50
7	Hct, %	10-75
8	K+, mmol/L	2.0-9.0
9	Na+, mmol/L	100-180
10	Cl-, mmol/L	Preferred
11	Glucose, mg/dL	Preferred
12	Lactate, mmol/L	Preferred
13	pH	6.5-8.0
14	pCO2, mmHg	5-130
15	pO2, mmHg	5-800
16	Others	BUN (3-140 mmol/L), Cl- (65-140 mmol/L), glucose (20-450 mmol/L)
17	**Derived a/A:**	No
18	A-aDO2	No
19	BE	Yes
20	BEecf	Yes
21	Hb	Yes
22	HCO3-	Yes
23	ctO2	No
24	SB	No
25	SO2	Yes
26	ctCO2	Yes
27	Others	AG
28	**SO2 & ctO2 ON/OFF**	No
29	**SAMPLE VOLUME, µL**	
30	**Normal**	65-85
31	**Micro**	NA
32	**INTEGRAL MULTIWAVELENGTH OXIMETER**	No
33	**VISIBLE SAMPLE CHAMBER**	No
34	**ANALYSIS TIME, sec**	~ 120
35	**ELECTRODE MAINTENANCE**	None
36	**DISPLAY**	LCD
37	**PRINTOUT**	Optional roll printer

03-ANB

38	**CALIBRATION**	Self-calibrating cartridges (1-point)
39	**STANDBY MODE**	Yes
40	**INTERFACE**	To LIS/HIS
41	**DATA MANAGEMENT**	Stores 50 patient tests
42	**USER-ENTERED DATA**	Patient temperature and ID, FiO2, sample type, operator ID, 3 user-defined fields
43	**BAR-CODE READER**	No
44	**PASSWORD PROTECTION**	No
45	**POWER REQUIREMENTS, VAC, Hz**	9 V lithium batteries (2)
46	**POWER CONSUMPTION**	None
47	**H x W x D, cm (in)**	21 x 6.4 x 4.8 (8.3 x 2.5 x 1.9)
48	**WEIGHT, kg (lb)**	0.53 (1.2)
49	**Warranty**	1 year
50	**OTHER SPECIFICATIONS**	Handheld POC analyzer; disposable cartridges contain sensors, heating elements, and buffered calibrants; no maintenance or gas tank required; used cartridge seals in waste.
51	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
52	**AFTERSALE SERVICE**	
53	**Mandatory intervention per year**	2
54	**Spare parts availability, years**	5
55	**TRAINING**	
56	**Duration, Days**	3
57	**Target groups**	technician, lab technician

03-ANCL

ANALYZER, CLINICAL CHEMISTRY

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Automated Clinical chemistry analyzers capable to determine the concentration of metabolites, electrolytes, proteins, and drugs in samples of serum, plasma, urine and other body fluids. Discrete analyzer method to prevent/reduce the sample-to-sample interaction and contamination that can occur with continuous-flow instruments
2	**UMDNS**	15-551
3	**CE MARK (MDD)**	Yes
4	**CONFIGURATION**	Bench-top
5	**MAXIMUM RESULTS/hr**	133, 333 incl. ISE (Ion Selective Electrodes)
6	**THROUGHPUT, 20 test profiles/hr**	133, 333 incl. ISE
7	**SAMPLE TYPE**	
8	**Serum and plasma**	Yes
9	**Urine**	Yes
10	**CSF**	Yes
11	**SAMPLE TRAY CAPACITY**	25
12	**SAMPLE SIZE/RANGE µL**	01:30
13	**AUTO VERIFICATION**	Yes
14	**AUTO CALIBRATION**	Yes
15	**ABNORMAL-VALUES FLAG**	Yes
16	**AUTO DILUTION**	Yes
17	**DIRECT SAMPLING**	Yes
18	**DISPLAY**	LCD, printer
19	**COMPUTER INTERFACE**	RS232, USB, network adapter
20	**PROGRAMMED TESTS**	Open System, 110
21	**USER-DEFINABLE TESTS**	Yes
22	**BASIC**	
1	**Albumin**	Yes
2	**ALP**	Yes
3	**ALT**	Yes
4	**AST**	Yes
5	**BUN**	Yes
6	**Ca++**	Yes
7	**Cholesterol**	Yes
8	**CK**	Yes
9	**Cl-**	Yes
10	**Creatinine**	Yes
11	**Direct and total bilirubin**	Yes
12	**Glucose**	Yes
13	**Inorgan phosphorus**	Yes
14	**Iron**	Yes
15	**K+**	Yes

16	**LDH**	Yes
17	**Mg**	Yes
18	**Na+**	Yes
19	**Total protein**	Yes
20	**Triglycerides**	Yes
21	**Urea**	Yes
22	**Uric acid**	Yes
23	**Others**	Yes
23	**SPECIAL**	Yes
1	**Acid phosphatase**	Yes
2	**Ethanol**	Yes
3	**Aldolase**	Yes
4	**Amylase**	Yes
5	**C3**	Yes
6	**C4**	Yes
7	**Cholinesterase**	Yes
8	**CK-MB**	Yes
9	**CSF protein**	Yes
10	**GGT**	Yes
11	**HDL cholesterol**	Yes
12	**IgA**	Yes
13	**IgG**	Yes
14	**IgM**	Yes
15	**P-5-P**	Yes
16	**T4**	Yes
17	**TU**	Yes
18	**Urine protein**	Yes
19	**Others**	Yes
24	**DRUG ASSAY**	Yes
1	**Amphetamine**	Yes
2	**Barbiturate**	Yes
3	**Benzodiazepine**	Yes
4	**Cannabinoid**	Yes
6	**Cocaine metabolite**	Yes
7	**Digoxin**	Yes
8	**Ethanol**	Yes
9	**Gentamicin**	Yes
10	**Lidocaine**	Yes
11	**Methadone**	Yes
12	**Methaqualone**	Yes
13	**Opiate**	Yes

03-ANCL

14	**Phenobarbitol**	Yes
15	**Phenytoin**	Yes
16	**Salicylate**	Yes
17	**Theophylline**	Yes
18	**Others**	Carbamazepine, ethosuximide, phencyclidine, primidone, valproic acid, LSD, cyclosporine, mycophenolic acid
25	**REAGENT**	
26	**Type**	Liquid
27	**Delivery**	Automatic
28	**Substitution**	Yes
29	**Preparation**	Yes
30	**AUTO QUALITY CONTROL**	Required
31	**POWER FAILURE CALIBRATION MEMORY**	Required
32	**WATER REQUIREMENTS, l/min**	<0.015 L/min (0.8 L/hr)
33	**Onboard supply**	Yes
34	**OPTICAL SYSTEM**	Photometric, bichromatic
35	**LIGHT SOURCE**	Halogen
36	**POWER BACK UP**	UPS of adequate power (1500 VAC) for 1 hour duration and Automatic Voltage Regulation with over-current protection and audible alarms.
37	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
39	**WARRANTY**	12 months warranty period
40	**AFTERSALE SERVICE**	
41	**Mandatory intervention per year**	Minimum of 3
42	**Spare parts availability**	5 years minimum
43	**TRAINING**	
44	**Duration, Days**	4
45	**Target groups**	Technician, Lab Technician

03-ANCO

ANALYZER, COAGULATION, WHOLE BLOOD

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Whole Blood Coagulation Analyzer, single channel for assaying whole blood samples. Intended to measure the clotting mechanisms of hemostasis (the arrest of bleeding) and detect clotting deficiencies. (CLIA: Waived classified)
2	**UMDNS**	16-749
3	**CE MARK (MDD)**	Yes
4	**APPLICATIONS**	Coagulation
5	**TEST CAPABILITY**	
6	**ACT**	Yes
7	**PT**	Yes
8	**APTT**	Preferred
9	**FIB**	Optional
10	**CALIBRATION FREQUENCY**	Automatic
11	**INTERFACE**	RS232
12	**DISPLAY**	
13	**Type**	LCD
14	**Results displayed**	Yes
15	**REAGENT PREPARATION**	None
16	**CALIBRATION**	Automatic, preferred
17	**PRINTER**	Yes
18	**POWER BACK UP**	UPS of adequate power for 1 hour duration and Automatic Voltage Regulation with over-current protection with audible alarms
19	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
21	**WARRANTY, months**	12
22	**AFTERSALE SERVICE**	
23	**Mandatory intervention per year**	Minimum of 2
24	**Spare parts availability**	5 years minimum
25	**TRAINING**	
26	**Duration, Days**	2
27	**Target groups**	Technician, Doctors, Nurses

03-ANGL

ANALYZER, GLUCOSE, WHOLE BLOOD

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Home-Use Blood Glucose Monitors (CLIA: Waived classified)
2	**UMDNS CODE(S)**	16-488
3	**CE MARK (MDD)**	YES
4	**PATIENT TYPE**	Adult, pediatric, neonate
5	**INTENDED APPLICATION**	Point of Care, Professional Use
6	**METHODOLOGY**	Absorbance photometry, two-wavelength method (660 and 840 nm),
7	**ENZYME(S) USED**	GDH (Glucose dehydrogenase)
8	**REAGENT STRIPS**	Microcuvettes
9	**Wiping**	No, self-fills with capillary action
10	**Packaging**	Vial/box of 25, 4 vials/boxes per package
11	**SPECIMEN TYPE**	Capillary, venous or arterial whole blood.
12	**Minimum sample volume, µL**	5 µL.
13	**MEASUREMENT RANGE, mg/dL**	Whole blood values: 0-400 mg/dL. Plasma equivalent values: 0-444 mg/dL
14	**TEST TIME, sec**	In about 40-240 seconds, depending on blood glucose concentration.
15	**QUALITY CONTROL**	One level of controls prior to patient testing, each day of testing
16	**METER CALIBRATION CHECK**	Internal electronic self-test
17	**Frequency**	Each time unit is turned on, every second hour if the unit is left turned on
18	**READOUT**	LCD
19	**AUTOMATIC SHUTOFF**	Yes
20	**DATA MANAGEMENT**	Yes
21	**MEMORY**	
22	**Number of tests**	4,000 patient, 500 QC, 500 analyzer log
23	**BATTERY**	
24	**Type (no.)**	Rechargeable lithium ion (not specified)
25	**Life, no. of tests (no. of hours)**	~100
26	**Low-battery signal**	Visual
27	**Memory loss if batteries removed**	No
28	**AUDIBLE SIGNAL DISABLE**	Yes
29	**ACCESSORIES**	Manual, AC adapter, capillary sampling poster
30	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
31	**WARRANTY, months**	12
32	**AFTERSALE SERVICE**	
33	**Mandatory intervention per year**	Minimum of 3
34	**Spare parts availability**	5 years minimum
35	**TRAINING**	
36	**Duration, Days**	3
33	**Target groups**	Technician, Lab Technicians

03-ANHE

ANALYZER, HEMATOLOGY, AUTOMATED

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Hematology analyzers to perform red blood cell (RBC) or white blood cell (WBC) counts. For Clinical Laoratory use (CLIA: Waived classified)
2	**UMDNS**	17-741
3	**CE MARK (MDD)**	Yes
4	**METHOD**	Volumetric impedance
5	**PARAMETERS**	CBC (WBC, RBC, HGB, HCT, MCV, MCH, MCHC, Plt); 3 part differential: N%, L%, M%, E%, B%, N#, L#, M#, E#, B#, RDW-SD, RDW-CV, MPV
6	**CYCLE TIME, sec**	< 60
7	**START-UP TIME, min**	< 3
8	**SAMPLES/HOUR**	60
9	**SAMPLE VOLUME, µL**	50 whole blood, 40 capillary mode
10	**DILUTION**	Yes, Automatic
11	**CLOSE TUBE SAMPLING**	Yes
12	**AUTOSAMPLING**	Automatic
13	**COINCIDENCE CORRECTION**	Yes
14	**VISUAL OUTPUT**	LCD panel, built-in thermal printer, optional data management system, ticket printer, and graphic printer
15	**PATIENT ID SYSTEM**	Internal bar-code reader or possibility to connect an external bar code reader
16	**DATA ENTRY**	Manual and Bar-code reader;
17	**COMPUTER INTERFACE**	RS232C
18	**HISTOGRAM DISPLAY**	LCD, printer
19	**DATA STORAGE**	aprox. 300 samples
20	**PRINTER**	Inbuilt, possibility to connect USB with external printer
21	**QC PROGRAMS**	Yes
22	**ALERT INDICATORS**	Multiple status messages, including automated maintenance alerts, multiple data flags, diagnostic and reagent alerts
23	**CALIBRATION**	Required, Automatic
24	**POWER BACK UP**	UPS of adequate power (1500 VAC) for 1 hour duration and Automatic Voltage Regulation with over-current protection and audible alarms
25	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
27	**WARRANTY, months**	12
28	**AFTERSALE SERVICE**	
29	**Mandatory intervention**	Minimum of 3
30	**Spare parts availability**	5 years minimum
31	**TRAINING**	
32	**Duration, Days**	3
33	**Target groups**	Technician, Lab Technicians

03-ANHW

ANALYZER, HEMOGLOBIN, WHOLE BLOOD

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Point of care Hemoglobin Analyzer, for emergency or urgent anlysiss. portable, easy of use (CLIA: Waived classified)
2	**UMDNS**	20-385
3	**CE MARK (MDD)**	Yes
4	**PRINCIPLE**	Absorbance of whole blood at an Hb/HbO2 isobestic point.
5	**SAMPLE MATERIAL**	Capillary, venous or arterial whole blood.
6	**MEASUREMENT RANGE**	0-25.6 g/dL (0-256 g/L or 0-15.9 mmol/L).
7	**RESULTS**	In about 10 seconds.
8	**SAMPLE VOLUME**	10 µL.
9	**POWER**	AC adapter or batteries.
10	**INTERFACE**	Printer and PC
11	**QUALITY CONTROL**	Built-in "selftest". The system can be verified using liquid controls.
12	**CALIBRATION**	Factory calibrated
13	**ACCURACY**	Correlation of 0.9 compared to the ICSH method.
14	**REAGENTS**	Microcuvette for 500 analisys
15	**WARRANTY**	12 months warranty period
16	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
17	**AFTERSALE SERVICE**	
18	**Mandatory intervention per year**	3
19	**TRAINING**	
20	**Duration, Days**	1
21	**Target groups**	Technician, Lab technician

03-ANWS

WEIGHTING SYSTEM, ANALYTICAL BALANCE

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Electronic Weighting system to measure small quantities, with high precision level and low deviation. The Analytical balance has to display the result on LCD monitor.
2	**UMDNS**	18-449
3	**CE MARK (MDD)**	Yes
4	**CASE**	Metal
5	**CAPACITY**	120 g
6	**SENSITIVITY**	0.0001 g
7	**STANDARD DEVIATION**	0.0001 g, approx
8	**LINEARITY**	± 0.002g
9	**STABILIZATION TIME**	<2.5 sec.
10	**CALIBRATION**	Automatic
11	**DISPLAY**	Backlit LCD with dual display
12	**WEIGHT UNITS**	grams, others
13	**DATA INTERFACE**	RS232 bidirectional interface, accessory interface
14	**PRINTER**	In built
15	**DUST COVER**	Yes
16	**AIR SHIELD CASE**	
17	**OTHERS**	Security Locking point, Capacity Tracker
18	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
20	**WARRANTY**	12 months warranty period
21	**AFTERSALE SERVICE**	
22	**Mandatory intervention per year**	Minimum of 3
23	**Spare parts availability**	5 years minimum
24	**TRAINING**	
25	**Duration, Days**	1
26	**Target groups**	Technician, Doctors, Nurses

03 - BLS

BLOOD BAGS, BALANCE/MIXER

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Equipment for blood collection, precision balance and mixer. For single use blood bag
2	**UMDNS**	15-305
3	**CE MARK (MDD)**	Yes
2	**AUTOMATIC TARE**	Yes
3	**CONTROLS**	Automatic closing of blood flow when the weight is reached
4	**MIXING MOTION**	Yes
5	**ALARMS**	Flow under 20 ml/min, Time, Weight
6	**BLOOD BAG TYPE**	Any
7	**CALIBRATION**	Manual
8	**CLAMPING**	Automatic
9	**POWER SUPPLY**	
10	**Battery**	AC Rechargeable Battery
11	**Voltage**	230/60/1
12	**INTERFACE**	RS232C
13	**OTHERS**	Bar Code Reader
11	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
13	**WARRANTY**	12 months warranty period
14	**AFTERSALE SERVICE**	
15	**Mandatory intervention per year**	Minimum of 3
17	**TRAINING**	
18	**Duration, Days**	3
19	**Target groups**	Technician, Doctors, Nurses

03-BLS

BLOOD BAGS, SEALER

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Blood Collection Tube Sealers equipment to seal the blood bag pilot tube. The system has to use radio frequency sealing system thus preventing dropping from the bag and a secure storage in the blood bank.
2	**UMDNS**	21-897
3	**CE MARK (MDD)**	Yes
4	**USAGE**	Blood Collection for Blood Bank
5	**CONFIGURATION**	Bench top
6	**CASE**	Metal
7	**PVC TUBES**	Yes
8	**BLOOD BAGS**	Yes
9	**SEALING METHOD**	Radiofrequency sealing system
10	**SEALING TIME**	~1,5 s
11	**INDICATORS & ALARMS**	Green/Red LEDs for power-On, Malfunctioning, audible alarms preferred
12	**SWITCH**	Power switch
13	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
15	**WARRANTY**	12 months warranty period
16	**AFTERSALE SERVICE**	
17	**Mandatory intervention per year**	Minimum of 3
19	**TRAINING**	
20	**Duration, Days**	3
21	**Target groups**	Technician, Doctors, Nurses

03-CEC

CELL, COUNTER, DIFFERENTIAL, MANUAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Counter for Red Blood Corpuscles (R.B.CS), manual
2	**UMDNS**	15-112
3	**MODEL**	Manual
4	**COUNTING UNIT**	With one counting unit
5	**CONFIGURATION**	Hand held counter
6	**SCALE**	Counts up to 9999.
7	**CALIBRATION**	Reset to Zero
8	**WARRANTY**	12 months warranty period
10	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
11	**AFTERSALE SERVICE**	
12	**Mandatory intervention per year**	Minimum of 1
13	**Spare parts availability**	-
14	**TRAINING**	
15	**Duration, Days**	0.5
16	**Target groups**	Technician, Lab Technbician

03-CEMH

CENTRIFUGE, MICROHAEMATOCRIC

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Microhematocrit centrifuge, fixed-head unit, for determination of haematocrit to spin microcapillary tube samples. With Direct reading of the sample
2	**UMDNS**	10-779
3	**CE MARK (MDD)**	Yes
4	**ROTATIONAL SPEED**	
5	**Maximum rpm**	>11700
6	**Maximum RCF, g**	>13700
7	**Settings**	Fixed
8	**ROTOR RADIUS, cm**	≥8 recommended
9	**CAPACITY**	
10	**Number of tubes (type)**	24 (75 mm capillary)
11	**TIMER**	
12	**Range, min**	0 to ≥15
13	**Increments**	User preference
14	**DIRECT TUBE READER**	Yes
15	**BRAKING TIME, sec**	120
16	**BRUSH/BRUSHLESS**	Brushless preferred
17	**NOISE LEVEL, dB**	< 75
18	**LID INTERLOCK**	Yes
19	**ALERT INDICATORS**	
20	**Type**	Audible preferred
21	**Imbalance**	Yes
22	**Leakage current**	Yes
23	**Lid open**	Yes
24	**End of run**	Yes
25	**LINE POWER, VAC**	220 V, 50Hz
26	**OTHER SPECIFICATIONS**	Direct-reading head with removable tube carrier.
27	**ACCESSORIES**	
28	**Non heparinised capillary tubes**	5 x 100 tubes
29	**Heparinised capillary tubes**	5 x 100 tubes
30	**Gaskets for rotor**	5 pcs
31	**Tube Adaptor**	1
32	**WARRANTY**	12 months warranty period
33	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
35	**AFTERSALE SERVICE**	
36	**Mandatory intervention per year**	3
37	**Spare parts availability, years**	5
38	**TRAINING**	
39	**Duration, Days**	0.5
40	**Target groups**	technician, lab technician

03-CET

CENTRIFUGE, TABLETOP

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Low-speed, tabletop centrifuges to be used for routine separation of sample volumes. The centrifuge has to be easy to use, with low level vibration and level of noise, digital touchpad display to set time and rpm, robust construction with case resistant to various chemical and physical agent. With Alarms and lock.
2	**UMDNS**	[18-266]
3	**CE MARK (MDD)**	yes
4	**CONFIGURATION**	Tabletop Centrifuges
5	**ROTATIONAL SPEED**	
6	**Max rpm**	> 5.000
7	**Max RCF, g**	> 4000
8	**REFRIGERATED**	No
9	**NUMBER OF ROTORS**	1
10	**VARIABLE ANGLE**	Yes
11	**ANGLE RANGE**	Between 0 and 90 deg
12	**MAX CAPACITY, samples**	16 tubes of 50 ml
13	**DISPLAY TYPE**	Digital
14	**TIMER**	Yes
15	**Range, min**	0 to ≥60
16	**Settings**	1 min increments
17	**BRAKING, type**	Electric preferred
18	**ADJUSTMENT & CONTROLS**	Manual Touchpad
19	**LID INTERLOCK**	Yes
20	**BRUSHLESS**	Yes
21	**ALERT INDICATORS**	audible; Imbalance, lid open, error codes, rotor recognition, end of run
22	**NOISE LEVEL, dB**	< 60
23	**SPECIAL WARRANTY**	Required 7 years for rotor
24	**OTHER SPECIFICATIONS**	Tachometer; accuracy should be ≤10% of rotor speed.
25	**WARRANTY**	12 months warranty period
26	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
27	**AFTERSALE SERVICE**	
28	**Mandatory intervention per year**	Minimum of 3
29	**Spare parts availability**	5 years minimum
30	**TRAINING**	
31	**Duration, Days**	3
32	**Target groups**	Technician, Doctors, Nurses

03-CUSK

SHAKER, CUVETTE, ORBITAL

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Bench top shaker for cuvettes to be used in the laboratory
2	**UMDNS**	15-178
3	**CE MARK (MDD)**	Yes
4	**MICROPROCESSOR CONTROLLED**	Yes
5	**ALARMS**	Audible and visual
6	**AUTOMATIC TURNOFF in case of:**	
7	**Over speed by + 2 rpm**	Yes
8	**Exceeding pre-set speed**	Yes
9	**End of timed cycle**	Yes
10	**DIGITAL DISPLAY**	Yes
11	**TIMER SET RANGE**	from 0.1 to 1 hours.
12	**PLATFORM SIZE**	45 x 45 cm and flask clamps
13	**TEMP RANGE**	4 – 40 oC
14	**SPEED RANGE**	15 – 500 rpm
15	**LOAD CAPACITY**	+/- 1,5 kg.
16	**POWER SUPPLY**	220 v. , 50 Hz. , AC.
17	**WARRANTY**	12 months warranty period
18	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
20	**AFTERSALE SERVICE**	2
21	**Mandatory intervention per year**	-
22	**Spare parts availability**	5
23	**TRAINING**	
24	**Duration, Days**	1
25	**Target groups**	Technicians, Lab Technician

03-SHKV

SHAKER, VORTEX

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Vortex shaker to mix small vials of liquid
2	**UMDNS**	15-590
3	**CE MARK (MDD)**	Yes
4	**OVERSPEED PROTECTION**	Yes
5	**ON/OFF BUTTON**	Yes
6	**SPEED SELECTOR**	Digital
7	**INTERCHANGEBLE HOLDER**	Yes
8	**SPEED RANGE**	0-2500 rpm
9	**SHAKING MOVEMENT**	Orbital, 4mm
10	**SPEED SELECTION**	Analog
11	**MOTOR TYPE**	Electric, oiless bearings
12	**CASE**	Stainless steel
13	**FOOTING**	Rubber stopper to absorb vibrations
14	**POWER SUPPLY**	110V, 60Hz
15	**WARRANTY**	12 months warranty period
16	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
18	**AFTERSALE SERVICE**	
19	**Mandatory intervention per year**	2
20	**Spare parts availability, years**	5
21	**TRAINING**	
22	**Duration, Days**	0.5
23	**Target groups**	technician, lab technician

03-MICL

MICROSCOPE, LIGHT

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Light microscopes used in clinical laboratories or hospitals to examine body fluids, body tissues, and feces by one or more of the following contrast methods: brightfield, darkfield, phase contrast, and/or polarized light.
2	**UMDNS**	12-536
3	**CE MARK (MDD)**	Yes
4	**OBSERVATION TUBES**	
5	**Binocular**	Yes
6	**Trinocular**	Optional
7	**Eyepieces**	10x, 15x wide-field
8	**Interpupillary distance adjustment, mm**	Adjustable 48-75
9	**NOSEPIECE**	
10	**Configuration**	Quadruple
11	**Objectives Magnification**	4x, 10x, 20x, 40x, 50x (oil), 60x, 100x (oil)
12	**Type**	Achromatic/apochromatic
13	**CONTRAST METHODS:**	
14	**Brightfield**	Yes
15	**Phase**	Yes
16	**Darkfield**	Yes
17	**Polarization**	Yes
18	**ILLUMINATION**	
19	**Condenser type:**	Focusable
20	**Numerical apertur:**	1.25
21	**Light source:**	6 V, 20 W halogen; variable intensity; separate on/off switch
22	**TOTAL MAGNIFICATION**	40x - 1000x
23	**STAND**	
24	**Focusing mechanism**	Moving stage, continuous fine focus
25	**Coarse, fine adjustments**	Coaxial with scale for fine focus
26	**STAGE**	
27	**Type**	Mechanical, graduated
28	**Tension adjustment**	Yes
29	**Motion, X-Y, mm**	75 x 50
30	**CABINET**	Optiona
31	**DUST COVER**	Yes
32	**WARRANTY**	12 months warranty period
33	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
34	**INTERNATIONAL STANDARDS**	EN 61000-4-8: Level 3
35	**AFTERSALE SERVICE**	
36	**Mandatory intervention per year**	Minimum of 3
37	**Spare parts availability**	5 years minimum
38	**TRAINING**	
39	**Duration, Days**	3
40	**Target groups**	Technician, Doctors, Nurses

03-GLASS

GLASSWARE & ACCESSORIES

[Manufacturer Name/Model Name/ Version Name]

	DESCRIPTION	Qt	U
2	**GLASSWARE**		
3	Squeeze bottle 125 ml.	3	Unit
4	Squeeze bottle 250 ml.	3	Unit
5	Squeeze bottle 500 ml.	3	Unit
6	1 L. glass bottle with cap	10	Unit
7	20 L. container with tap	2	Unit
8	Measuring cylinder 1000 ml.	2	Unit
9	Measuring cylinder 250 ml.	2	Unit
10	Measuring cylinder 100 ml.	2	Unit
11	Precision glass flask 1000 ml	2	Unit
12	Precision glass flask 250 ml	2	Unit
13	Precision glass flask 100 ml	2	Unit
14	Conical flask 250 ml.	3	Unit
15	Conical flask 55 ml.	3	Unit
16	Petri –dish 80 mm diam. With cover	32	Unit
17	Petri –dish 50 mm diam. With cover	2	Unit
18	Slides, glass 75 x 25 mm(thickness 1 and 1.3 mm.) (144 / box)	20	Box
19	Cover slides, glass (50 / box)	20	Box
20	Test tubes, glass , 150 x 15 mm (500 / box)	5	Box
21	Tubes, glass, 5 ml. , 12 x 75 mm., with caps (144 /box)	4	Box
22	Pasteur, sterile pipette with bulb 230 ml., (1000/pk)	1	Pack
23	Pipette graduated 10 ml	5	Unit
24	Pipette graduated 1 ml (1/100)	5	Unit
25	Pipette graduated 5 ml	5	Unit
26	Pipette graduated, plastic 5 ml	100	Unit
27	Plastic sampling boxes with cap 200 ml., (10/pk)	50	Pack
28	Beaker, glass , 1000 ml.	6	Unit
29	Beaker, glass , 250 ml.	6	Unit
30	Beaker, glass , 100 ml.	6	Unit
31	**ACCESSORIES**		
32	Rack, stainless steel, for 24 test tubes	3	Unit
33	Rack, plastic, for 24 test tubes	3	Unit
34	Wooden clip for test tubes	5	Unit
35	Writing diamond	1	Unit
36	Sterile swab	200	Unit
37	Pipette , adjustable , with tip ejector , 2 – 20 µl	1	Unit
38	Pipette , adjustable , with tip ejector , 20 – 100 µl	1	Unit
39	Pipette , adjustable , with tip ejector , 50 – 200 µl	1	Unit
40	Tips, yellow, plastic (1000 / pk)	3	Pack

03-PUWS

PURIFYING WATER SYSTEM

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	System for water purification to be used for sampling preparation and laboratory analysis. The system has to use tap water.
2	**UMDNS**	15-136
3	**CE MARK (MDD)**	Yes
2	**PRODUCTIVITY, l/h**	3 to 5
3	**CONFIGURATION**	Bench Top or wall mounted
4	**METHOD**	Double Distillation
5	**CASE**	Metal
6	**WATER INFLOW, Type**	Tap water
7	**QUALITY OF WATER**	Grade I according to ISO3696; and /or Type I according to NCCLS
9	**ALARMS AND INDICATORS**	
10	**Power on led**	Yes
11	**Malfunctioning**	Yes
12	**WARRANTY**	12 months warranty period
13	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
14	**AFTERSALE SERVICE**	
15	**Mandatory intervention per year**	Minimum of 3
16	**Spare parts availability**	5 years minimum
17	**TRAINING**	
18	**Duration, Days**	3
19	**Target groups**	Technician, Doctors, Nurses

03-REF

REFRIGERATOR, LABORATORY, 140 L

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Refrigerator to store the laboratory reagents. Equipped with temperature control, made of robust construction, fully insulated, glass door, powerful motor to operate in high temperature environment (40 º C), digital displays and audible alarms.
2	**UMDNS**	17-157
3	**CE MARK (MDD)**	Yes
4	**CONSTRUCTION MATERIAL**	Stainless Steel
5	**INSULATION THICKNESS**	40 mm
6	**CAPACITY**	140 l
7	**SHELVES**	3
8	**DOORS**	
9	**Number**	1
10	**Type**	Glass preferable, fully insulated
11	**REFRIGERATION LIQUID**	Environmental compatible
12	**DEFROSTING**	Automatic
13	**TEMPERATURE**	
14	**Range**	0 -15
15	**Control Adjustment**	ECT-F Control
16	**INTERNAL LIGHTING**	Yes
17	**ALARMS**	Hi/low Temp, door open
18	**CONTROL**	On/off switch, temperature control
19	**DISPLAY**	LCD digital
20	**STANDARD**	Iso 13485
21	**OTHERS**	
22	**Automatic condensate water evaporation**	Yes
23	**Internal cabinet with shelves**	Yes
24	**Drawers interchangeable**	Yes
25	**Safety key locking**	Yes
26	**LCD Thermometer**	Yes
27	**WARRANTY**	
28	**Parts/labor**	1 year
29	**Compressor**	5 years
30	**OTHER**	Door lock and key; alarms mounted in panel. Meets AABB standards; UL listed.
31	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
33	**AFTERSALE SERVICE**	
34	**Mandatory intervention per year**	Minimum of 3
35	**Spare parts availability**	5 years minimum
36	**TRAINING**	
37	**Duration, Days**	3
38	**Target groups**	Technician, Doctors, Nurses

03-REF-BB

REFRIGERATOR, BLOOD BANK

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Refrigerator for blood bag storage, with glass insulated door, powerful motor, high isolation capacity. Made of robust construction, metal superficial finishing with digital display and control, and audible alarms.
2	**UMDNS**	15-171
3	**CE MARK (MDD)**	Yes
4	**MODEL**	Blood Bank Refrigerators, single glass door
5	**CONFIGURATION**	Floor
6	**REFRIGERATION TYPE**	Ventilated
7	**REFRIGERANT**	Environmental compatible (NO CFC based)
8	**INTERNAL LIGHT**	Yes
9	**CAPACITY**	
10	**Volume, l**	250
11	**Min blood bags number**	90/100 of 450 ml
12	**Drawers**	5
13	**DOORS**	
14	**Number**	1
15	**Description**	Thermal or multi-pane glass with heated wires to reduce condensation
16	**CONTROLS**	Preset 4°C, adjustable
17	**FINISH**	Aluminum, metal
18	**TEMP-ALARM SYSTEM**	
19	**Alarm**	Temperature, low battery, power failure
20	**Chart recorder**	Yes, with power back-up
21	**Temp indicator**	Yes, Digital Display
22	**Temp Alarm**	Yes
23	**Sensor**	Required for air and liquid
24	**DEFROSTING**	Automatic
25	**PRINTER**	Yes
26	**WARRANTY**	
27	**Parts/labor**	1 year
28	**Compressor**	5 years
29	**OTHER**	Door lock and key; alarms mounted in panel. Meets AABB standards; UL listed.
30	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
31	**AFTERSALE SERVICE**	
32	**Mandatory intervention per year**	Minimum of 3
33	**Spare parts availability**	5 years minimum
34	**TRAINING**	
35	**Duration, Days**	3
36	**Target groups**	Technician, Doctors, Nurses

03-SPEC

SPECTROPHOTOMETERS, VISIBLE

[Manufacturer Name/Model Name/ Version Name]

1	**PURPOSE**	Spectrophotometer to optically determine the absorbance or transmission of characteristic wavelengths of radiant energy (light) by a chemical species in solution. Spectrophotometer to be used to determine solution concentrations for quantitative analyses. To be also used in HIV Lab Application (ELISA as final measuring test, for preparing RNA and DNA solution for PCR analysis)
2	**UMDNS**	15-084
3	**CE MARK (MDD)**	Yes
2	**CONFIGURATION**	Single beam
3	**LAMP**	
4	**Life, hr**	> 1,000
5	**Type**	Tungsten
6	**DETECTOR**	Gallium - Arsenide - Phosphide Photodiode
7	**SPECTRAL RANGE, nm**	330-670 minimum
8	**AUTOMATIC FILTERS**	minimum 340, 405, 505, 546, 578
9	**CUVETTE HOLDER**	
10	**Number of Cuvettes**	18
11	**Incubator**	Thermostatically controlled
12	**MEMORY METHODS**	Up to 120 methods storage
13	**DATA PROCESSING**	Lab Information System interface
14	**DATA MANAGEMENT**	Report per Patient
15	**DISPLAY**	Graphic LCD (2 inchs)
16	**PRINTER**	Built-in 40 Column
18	**DATA INTERFACE**	RS232
19	**POWER BACK UP**	UPS of adequate power for 1 hour duration and Automatic Voltage Regulation with over-current protection and audible alarms.
27	**OTHER**	Door lock and key; alarms mounted in panel. Meets AABB standards; UL listed.
13	**WARRANTY**	12 months warranty period
28	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
29	**INTERNATIONAL STANDARDS**	EN 61000-4-8: Level 3
30	**AFTERSALE SERVICE**	
31	**Mandatory intervention per year**	Minimum of 3
32	**Spare parts availability**	5 years minimum
33	**TRAINING**	
34	**Duration, Days**	3
35	**Target groups**	Technician, Doctors, Nurses

03-PHM

pH METER, BENCHTOP

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	A pH meter for measuring the pH (acidity or alkalinity) of a liquid consisting of a measuring probe (a glass electrode) connected to an electronic meter that measures and displays the pH reading
2	**UMDNS**	15-164
3	**CE MARK (MDD)**	Yes
4	**METHOD**	Direct reading With the Ion Sensitive Field Effect Transistor (ISFET)
5	**ELECTRODES**	Standard glass
6	**MOUNTING**	Flexible support arm
7	**CALIBRATION POINT**	Min. 3 calibration points
8	**AUTOMATIC BUFFER RECOGNITION**	Yes
9	**RANGE**	
10	**pH**	0 ... 14
11	**mV**	0 ... ±1800
12	**Temperature**	0 ... 100 °C
13	**RESOLUTION**	
14	**pH**	≤ 0.01
15	**mV**	≤ 0.1
16	**Temperature**	≤ 0.1 °C
17	**ACCURACY**	
18	**pH**	±0.01
19	**mV**	± 0.5
20	**Temperature**	± 0.4 °C
21	**TEMPERATURE COMPENSATION**	0 ... 105 °C
22	**SLOPE CONTROL**	automatically from 90 ... 105%
23	**DISPLAY**	LCD
24	**POWER SUPPLY**	220 - 240 V, 50 - 60 Hz
25	**WARRANTY**	12 months warranty period
26	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
28	**AFTERSALE SERVICE**	
29	**Mandatory intervention per year**	3
30	**Spare parts availability, years**	5
31	**TRAINING**	
32	**Duration, Days**	1
33	**Target groups**	technician, lab technician

03-WATB

WATER BATH

[Manufacturer Name/Model Name/ Version Name]

1	**GENERAL DESCRIPTION**	Immersion Type water bath *(bagnomaria)* to be used in the laboratory for carrying out serological, agglutination, inactivation, biomedical, and pharmaceutical test. Immersion type.
2	**UMDNS**	15-108
3	**CE MARK (MDD)**	Yes
4	**CAPACITY, l**	20
5	**METHOD**	Immersion Type, Water
6	**TEMPERATURE RANGE, C**	from ambient. to 100o C
7	**MATERIAL**	
8	**Chamber**	Stainless steel
9	**Lid**	Stainless steel
10	**TEMPERATURE DISPLAY**	Digital
11	**TEMPERATURE CONTROL**	Thermostatic
12	**OVER TEMPERATURE PROTECTION**	Yes
13	**CONFIGURATION**	Tabletop
14	**RACKS**	4, Stainless Steel
15	**POWER SUPPLY**	220 V, 50 Hz
16	**WARRANTY**	12 months warranty period
17	**DOCUMENTATION**	User and service manuals, two copies, hard and Soft, EN
18	**INTERNATIONAL STANDARDS**	-
19	**AFTERSALE SERVICE**	
20	**Mandatory intervention per year**	2
21	**Spare parts availability, years**	5
22	**TRAINING**	
23	**Duration, Days**	0.5
24	**Target groups**	technician, lab technician

3. Drawings

These Bidding Documents includes *the following* drawings hereby incorporated to the bidding documents as Annex II (attached)

List of Drawings		
Drawing Nr.	**Drawing Name**	**Purpose**
DM-01(1pages)	Floor Plan – Outpatient- See AnnexII	General Description
DM-02(1 page)	Floor Plan- Inpatient –See Annex II	General Description
DM-03(6 pages)	Distribution Plan - See Annex II	Localization of items for installation

4. Inspections and Tests

The following inspections and tests shall be performed:

1. The Contractor shall test, calibrate and commission the goods as appropriate such that they are ready for use/fully operational. UNOPS reserves the right to witness the Contractor's testing and commissioning without thereby relieving the Contractor of his obligation to provide goods in a fully operable condition.

2. A complete set of commissioning forms with the entire set of tests run and the results obtained will be given to UNOPS after the PROVISIONAL ACCEPTANCE of the equipment.

3. When the Contractor will proceed with the commissioning, it will make available to UNOPS and the De Martino Hospital the use of all consumables, measurement and calibration instruments used during the commissioning.

4. The bid price shall include all costs associated with the above mentioned points:
   - installation requirements,
   - installation works listed above and any other installation works deemed necessary to deliver fully "ready to start" equipment,
   - testing ,user training and commissioning requirements.

5. Once installed and operational the goods shall be inspected by a competent authority (Hospital Authorities and UNOPS) that will subsequently issue a Certificate of Provisional Acceptance once established that the equipment fully conforms to the contract specifications and is in good working order/fully functional.

6. If the Goods fail to meet the laid down specifications, the supplier shall initate action to remedy the deficiency or replace the defective goods within 5 calendar days of notification from UNOPS .

Section IV. General Conditions for Goods

In the event of an order, the UNOPS General Conditions will apply. The conditions are available at: http://www.unops.org/english/whatweneed/Pages/Guidelinesforsuppliers.aspx under "Guidelines to suppliers > UNOPS general conditions of contract". If your company is unable to access the document, please send an email request to: *keocprocurement@unops.org* and the UNOPS General Conditions will be sent to you electronically.

Section V. Special Conditions of Contract

1. Contract Price (see GCG clause 3):

The prices charged for the Goods supplied and the related Services performed shall not be adjustable.

2. Packaging of the Goods (see GCG clause 4):

The Vendor shall*:*

- Ensure appropriate pilfer-proof export packing. All cases and crates must be wrapped inside with heavy-duty plastic-lined paper. Each case/crate/carton must be band strapped and able to withstand tough handling. Skids for truck handling are imperative if the gross weight is more than 30 kg.
- Ensure that vehicles should be prepared according to industry standard export protection for sea voyage. All tools, spare parts, mirrors, and other easily removable items and manuals to be enclosed in secure pilfer-proof packaging.
- Ensure that consignment to be marked as indicated in the Contract.
- Ensure that each case/crate/carton must carry a consecutive number, dimensions, volume, and weight (i.e. Case No. X of Y cases, A x B x C cm, E m3, D kg). Markings must be done with weatherproof material.
- Each case/crate/carton must carry outside a copy of the packing list describing the contents of the case/crate/carton. Outside case No. 1 should be attached a full set of invoices covering the actual delivery. It is preferred that the accompanying papers be made out in the *English* language
- Ship the Goods in 20 / 40 foot containers,

The packing, marking and documentation within and outside the packages shall be: *De Martino Hospital, Grant of Italian Republic of Italy.*

3. Transportation and Freight (see GCG clause 5):

The Vendor shall be solely liable for making all transport arrangements and for payment of freight and insurance costs for the shipment, import clearance service charges (excluding duties & taxes) and inland delivery of the Goods to the installation site.

The terms DAP and other similar terms shall be governed by the rules prescribed in the Incoterms 2010, published by The International Chamber of Commerce.

All non-containerized Goods must be shipped below deck
Partial shipment *is not* allowed. Transhipment *is* allowed.

4. Delivery of Goods (see GCG clause 7):

The entire risk of loss, theft, damage to, or destruction of the Goods shall be borne exclusively by the Vendor until installation commissioning and issuance of provisional acceptance to UNOPS in accordance with the terms of the Contract

Immediately upon shipment an e-mail must be sent to:

- UNOPS KEOC on **keocprocurement@unops.org & giuseppec@unops.org**
- Consignee ,Alessandro Campanella, Logistics Officer , AFO KEOC on **alessandroc@unops.org**

advising: Contract Number, Project No., Number of boxes/crates, Total weight net/gross in kg, Total cubic meters, ETD port of shipment, Name of vessel, ETA to final destination and including a copy of the invoice & shipping documents.

Details of Shipping and other Documents to be issued and forwarded immediately upon shipment of the Goods, to the following address:

Alessandro Campanella, Logistics Officer , AFO KEOC
Itallian Embassy c/o Mogadishu Airport , Somalia
Email: alessandroc@unops.org
Tel: 00252 699226353 / 00252 616584765

- (Through) Bill of Lading in the name of Consignee marked "CLEAN ON BOARD" and "FREIGHT PRE-PAID". (Through) Bill of Lading must carry the following text under Shipper: "ON BEHALF OF UNOPS": 1 original & 2 copies
- Invoice in the name of UNOPS: 1 original & 2 certified copies

- Packing List: 2 copies
- Inspection Certificate issued by nominated inspection agency: 1 original & 1 copy
- Manufacturer's Warranty's Certificate: 1 original & 1 copy

The above documents shall be received by UNOPS well in advance of the arrival of the Goods and, if not received, the Supplier will be responsible for any consequent expenses.

5. Inspection of the Goods (see GCG clause 8):

The inspections and tests shall be: visual, on every piece of equipment / furniture, in the presence of UNOPS and representatives of De Martino Hospital. The Inspections and tests shall be conducted at De Martino Hospital, on the site of the installation.

6. Acceptance of Goods (see GCG clause 9):

Provisional acceptance
Representatives of UNOPS ,the Beneficiary (Demartino Hospital, Mogadishu) together with the Contractor's representative shall carry out the control (conformance verification) & testing. UNOPS shall issue a Certificate of Provisional Acceptance within 15 days following sucessful verification & testing (i.e once established that all (100%) of the equipment fully conforms to the contract specifications and is fully functional/operational. Partial delivery of supplies will not produce partial certificate of provisional acceptance and will not entitle the contractor to receive partial payments.

Final Acceptance
UNOPS will issue the Certificate of Final Acceptance after the expiration of the warranty and after-sale service period.

7. PAYMENT
For payment purposes the following documents must be sent to:
UNOPS, KEOC
UNOPS Building UN Lane off UN Avenue
PO Box 783-00621 Village Market
TEL: 020 - 7621142, E-MAIL: keocprocurement@unops.org & giuseppec@unops.org
Attention: Giuseppe Giuseppe Torres Caposeno
Biomedical Engineer, AFO KEOC

- Invoice in the name of UNOPS: 1 original
- Packing List: 1 original
- Forwarder's Confirmation of Receipt: 1 original
- PVoC Inspection Certificate issued by nominated inspection agency: 1 original & 1 copy Etc.(if applicable)
- Bank information: Bank name & address, account number, account title, ABA/Swift Code, IBAN No. (for European banks only)

IMPORTANT: Any change to the bank details should be notified to UNOPS immediately. Failure to do so might lead to delay in payment, for which UNOPS will not be held responsible.

- Ten (10) percent of the Contract Price shall be paid within thirty (30) days from date signature of the Contract by both parties, against a submission of Bank Guarantee in original form for the equivalent amount and in the form provided in the bidding documents or another form acceptable to UNOPS .
  The advance payment Bank Guarantee shall be unconditional and irrevocable and in the form of either: a Bank Guarantee, a Demand Draft, a Cashier's Cheque, or a Certified Cheque.
  In the event of Suppliers submitting the Bank Guarantee in the form of a Cheque or Demand Draft in favour of UNOPS, such documents shall be accompanied by a signed statement from the issuing bank on its letterhead indicating the validity period and confirming irrevocability of the Cheque or Demand draft during the required period.

Banks issuing Bank Guarantees must be acceptable to the UNOPS Comptroller, i.e. they have to be banks certified by the Central bank of the country to operate as commercial bank.
The Bank Guarantee shall be denominated in the currencies of payment of the Contract, in accordance with their portions of the Contract Price, and shall have a validity period of *90 (ninety)* days. UNOPS reserves the right to request an extension of the Bank Guarantee.
Discharge of the Bank Guarantee shall take place once the entire advance payment has been paid back to UNOPS. The Bank Guarantee shall then be returned to the Supplier by UNOPS, and;

- Eighty (80) percent of the Contract Price shall be payable within thirty(30) days from date of certified successful delivery of 100% of items order to Demartino Hospital Mogadishu, and upon submission of the documents specified above; UNOPS Receipt and Inspection Report(RIR) ,signed by UNOPS Project Manager, will be the document applied to certify successful delivery.
- The remaining ten (10) percent of the Contract Price shall be paid to the Supplier within thirty (30) days from the date of Issuance of the Provisional Acceptance Certificate issued by UNOPS.i.e following successfull, installation ,testing , commissioning, user traning.

Above documents must be sent to:
UNOPS, KEOC
UNOPS Building UN Lane off UN Avenue
PO Box 783-00621 Village Market
TEL: 020 - 7621142, E-MAIL: keocprocurement@unops.org & giuseppec@unops.org
Attention: Giuseppe Giuseppe Torres Caposeno
Biomedical Engineer, AFO KEOC

8. Performance Security (see GCG clause 12):
A Performance Security *shall be required.*
"The Performance Security in original shall be submitted within ten (10) working days from the date of the Contract.
The amount of the Performance Security shall be *10 (ten)* % of the Contract Price.
The Performance Security shall be unconditional and irrevocable and in the form of either:

- An unconditional Bank Guarantee
- A Demand Draft
- A Cashier's Cheque
- A Certified Cheque

In the event of Suppliers submitting the Performance Security in the form of a Cheque or Demand Draft in favour of UNOPS, such documents shall be accompanied by a signed statement from the issuing bank on its letterhead indicating the validity period and confirming irrevocability of the Cheque or Demand draft during the required period.
Banks issuing Performance Securities must be acceptable to the UNOPS Comptroller, i.e. they have to be banks certified by the Central bank of the country to operate as commercial bank.
The Performance Security shall be denominated in the currencies of payment of the Contract, in accordance with their portions of the Contract Price, and shall have a validity period of twelve (*12) months from the date of the signature of the contract*. UNOPS reserves the right to request an extension of the Performance Security.
Discharge of the Performance Security shall take place upon expiry of the Performance Security or upon the issue of the Final Acceptance Certificate. The Performance Security shall then be returned to the Supplier by UNOPS.

9. Warranties (see GCG clause 13):
The period of validity of the Warranty shall be: *365* days from date of Provisional Acceptance.
For purposes of the Warranty, the place(s) of final destination(s) shall be:
DAP (Delivery At Place, INCOTERMS 2010) De Martino Hospital, Haram Jab Jab, Mogadishu, SOMALIA.
The period for repair or replacement shall be: *30 (thirty)* days .

10. Liquidated Damages (see GCG clause 16):
The liquidated damage shall be: 0.*5 (zero point five) %* per day. The maximum amount of liquidated damages shall be: *10 (ten) %*

Section VI. Contract Forms

Table of Forms

1. Contract Form
2. Performance Security
3. Bank Guarantee for Advance Payment
4. Long Term Agreement

1. Contract Form

In the event of a Contract, the successful Bidder shall receive this form duly filled.

Purchase Order No.:		**Project No. :**			
P.O. DATE :	IMPORTANT: All shipments, invoices and correspondence must show PURCHASE ORDER and PROJECT NUMBERS.				
SHIP BY:					
CONSIGNEE:		**VENDOR N°:**			
Attn.:		**Attn.:**			
Tel.:		**Tel.:**			
Fax:		**Fax:**			
DELIVERY TERMS (INCOTERMS 2010):					
PAYMENT TERMS:					
ITEM	**DESCRIPTION**	**QTY**	**U/M**	**UNIT PRICE**	**TOTAL PRICE**
1					
2					
Special Terms and Conditions					
A. This purchase order is subject to our Invitation to Bid, Ref. No.: XXXXX dated XXXXX and according to your offer dated ….; B. Notify Party; C. Final Destination; D. Other information, if any:; E: Attachments: General Conditions for Goods, Packing and Shipping Instructions, others if any.					
CURRENCY :			**GRAND TOTAL:**		
Date:					
Queries should be addressed to:					
Buyer: Name, Title, Tel.					
ON BEHALF OF UNOPS:					
Name of Procurement Authority, Title, Business Unit					
ACKNOWLEDGEMENT COPY:					
Vendor's Signature:			**Date:**		
UNOPS, Office, Address, Country, Tel, Fax					

This Purchase Order may only be accepted by the Vendor's signing and returning the Acknowledgement Copy. Acceptance of this Purchase Order shall effect a Contract between the Parties under which the rights and obligations of the Parties shall be governed solely by the Conditions of this Purchase Order, including the General Conditons for Goods of the United Nations Office for Project Services (UNOPS) and any UNOPS attachments (hereinafter collectively referred to as "This Contract"). No additional or inconsistent provisions proposed by the Vendor shall bind UNOPS unless agreed to in writing by a duly authorised official of UNOPS. UNOPS General Conditions for Goods are available at UNOPS website at http://www.unops.org/english/whatweneed/Pages/Guidelinesforsuppliers.aspx under General conditions of contract. If your company is unable to access the document, Please send an e-mail or fax request to: insert e-mail address and fax number of contact person and the UNOPS General Conditions for Goods will be sent to you electronically or by fax.

2. Performance Security

Date: *[insert date (as day, month, and year) of Bid Submission]*
ITB No. and title*: [insert no. and title of bidding process]*

Bank's Branch or Office: *[insert complete name of Guarantor]*
Beneficiary: *[insert legal name and address of UNOPS]*
PERFORMANCE GUARANTEE No.: *[insert Performance Guarantee number]*
We have been informed that *[insert complete name of Supplier]* (hereinafter called "the Supplier") has entered into Contract No. *[insert number]* dated *[insert day and month], [insert year]* with you, for the supply of *[description of Goods and related Services]* (hereinafter called "the Contract").
Furthermore, we understand that, according to the conditions of the Contract, a Performance Guarantee is required.
At the request of the Supplier, we hereby irrevocably undertake to pay you any sum(s) not exceeding *[insert amount(s)[1] in figures and words]* upon receipt by us of your first demand in writing declaring the Supplier to be in default under the Contract, without cavil or argument, or your needing to prove or to show grounds or reasons for your demand or the sum specified therein.
This Guarantee shall expire no later than the *[insert number]* day of *[insert month] [insert year]*,[2] and any demand for payment under it must be received by us at this office on or before that date. We agree to a one-time extension of this Guarantee for a period not to exceed [one year], in response to UNOPS's written request for such extension, such request to be presented to us before the expiry of the Guarantee.
This guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458, except that subparagraph (ii) of Sub-article 20(a) is hereby excluded.
[signatures of authorized representatives of the bank and the Supplier]

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1 *The Bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the Contract or a freely convertible currency acceptable to UNOPS.*

2 *Dates established in accordance with Clause 12 of the General Conditions of Contract ("GCG"). UNOPS should note that in the event of an extension of the time to perform the Contract, UNOPS would need to request an extension of this Guarantee from the Bank. Such request must be in writing and must be made prior to the expiration date established in the Guarantee. In preparing this Guarantee, UNOPS might consider adding the following text to the Form, at the end of the penultimate paragraph: "We agree to a one-time extension of this Guarantee for a period not to exceed [six months] [one year], in response to UNOPS's written request for such extension, such request to be presented to us before the expiry of the Guarantee."*

3. Bank Guarantee for Advance Payment

Date: *[insert date (as day, month, and year) of Bid Submission]*
ITB No. and title: *[insert number and title of bidding process]*

[bank's letterhead]
Beneficiary: *[insert legal name and address of UNOPS]*
ADVANCE PAYMENT GUARANTEE No.: *[insert Advance Payment Guarantee no.]*
We, *[insert legal name and address of bank]*, have been informed that *[insert complete name and address of Supplier]* (hereinafter called "the Supplier") has entered into Contract No. *[insert number]* dated *[insert date of Agreement]* with you, for the supply of *[insert types of Goods to be delivered]* (hereinafter called "the Contract").
Furthermore, we understand that, according to the conditions of the Contract, an advance is to be made against an advance payment guarantee.
At the request of the Supplier, we hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of *[insert amount(s)*[3] *in figures and words]* upon receipt by us of your first demand in writing declaring that the Supplier is in breach of its obligation under the Contract because the Supplier used the advance payment for purposes other than toward delivery of the Goods.
It is a condition for any claim and payment under this Guarantee to be made that the advance payment referred to above must have been received by the Supplier on its account *[insert number and domicile of the account]*
This Guarantee shall remain valid and in full effect from the date of the advance payment received by the Supplier under the Contract until *[insert date*[4]*]*.
This Guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458.

_____
[signature(s) of authorized representative(s) of the bank]

[3] *The bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the Contract or a freely convertible currency acceptable to UNOPS.*

[4] *Insert the Delivery date stipulated in the Contract Delivery Schedule. UNOPS should note that in the event of an extension of the time to perform the Contract, UNOPS would need to request an extension of this Guarantee from the bank. Such request must be in writing and must be made prior to the expiration date established in the Guarantee. In preparing this Guarantee, UNOPS might consider adding the following text to the Form, at the end of the penultimate paragraph: "We agree to a one-time extension of this Guarantee for a period not to exceed [six months] [one year], in response to UNOPS's written request for such extension, such request to be presented to us before the expiry of the Guarantee."*

4. Long Term Agreement

"Not Applicable"